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THE
MEDICAL AND SURGICAL REPORTER.

No. 1088.] PHILADELPHIA, JAN. 5, 1878. [Vol. XXXVIII.—No. 1.

ORIGINAL DEPARTMENT.

LECTURE.

ON ROTARY-LATERAL CURVATURE OF THE SPINE.

BY PROFESSOR LEWIS A. SAYRE.

Delivered at Bellevue Hospital, November 26th, 1877.

Reported by P. BRYNBERG PORTER, M.D.

Gentlemen:—Before commencing the subject which I wish to bring specially before you today, I will show you the patient upon whom I performed what is known as *brisement forcé*, for anchylosis of the knee joint, just one week ago, and whom I have not seen since. The house surgeon informs me that, except immediately after the operation, it has not been necessary to give him a single dose of opium, on account of any pain, and that there has been no febrile reaction or inflammatory trouble whatever. About three weeks ago I made a little attempt to move the patella, and succeeded in gaining a small amount of motion, but not having the requisite time then to finish the operation, the limb was left undressed; and in consequence of that very slight movement an acute constitutional fever set in, from which the patient did not recover for a fortnight, and which for ten days required very active treatment, and the constant application of ice to the inflamed joint. All this followed from simply neglecting to employ the proper after-treatment, upon which I lay so much stress. In the operation a week ago I used an infinitely greater amount of force; yet because the joint was properly dressed afterward, there has not been, as you see, the slightest constitutional disturbance in consequence.

You will remember that at that time I succeeded, after a good deal of muscular exertion on my own part, in flexing the leg to less than a right angle, and then by working it backward and forward I broke up the adhesions in the most thorough manner and knocked off all the little projecting points which might be a source of irritation or stiffness in the future. Then the appropriate dressing was applied, and upon this dressing, you will remember that I told you in the most emphatic manner, the entire success of the operation depends. A bandage was applied from the very extremity of the limb, great care being taken to place cotton over all projecting points, and especially to put a large sponge or bunch of cotton in the popliteal space, in order to remove pressure from the flexor muscles; adhesive strips were adjusted, by which extension could be made; and a small piece of sponge was placed over the femoral artery in its lower third, the bandage being carried over it with sufficient tightness to make partial compression of the vessel, and thus diminish the blood supply of the joint. This last manœuvre is carrying out the idea of the late Dr. David L. Rogers, who ligated the artery for inflammation of the joint; and Dr. Stephen Smith informs me that it was done before him by Dr. Onderdonk, though I have not met with any notice of the fact myself. You must beware of losing the limb by making this compression too great, for if the artery is too much occluded, of course you will have gangrene result. It is important in the after-treatment that constant extension should be kept up, and that the slightest motion should be prevented. In the present instance plaster-of-paris was used for the latter purpose, and it is the first time that I have employed it in this connection.

The house surgeon having now cut through and removed the plaster casing, we will take off the bandage and look at the joint, in which we desire to get motion, if possible, though we may not succeed in this. There is fortunately no heat about the knee, and, strange to say, no ecchymosis from extravasation of blood, which is so common after such rough handling as this limb has received. I am now able to make slight movement in the joint, and the patient says that it does not give him the slightest pain. This is quite exceptional, for very often it is necessary to give chloroform before making any motion whatever. I have obtained sufficient movement to prevent adhesions from forming, and each succeeding day it will be found that a little more motion has been gained, until at last the patient will be provided with an instrument with a key, by which he can make the motion himself. In the meanwhile the sponge may now be left off of the artery, and friction, shampooing, and electricity may be used about the joint.

Having two or three very interesting cases of rotary-lateral curvature to show you to-day, I should like to make a few remarks on that subject. This affection is a vast deal more frequent than most persons would suppose. Formerly I used to have an idea that it was pretty nearly confined to women and young girls growing up; but of late I have been quite surprised to find such a large number of men afflicted with it. Until the last two years I always disliked very much to have anything to do with such cases, because I felt that I could really do nothing for them. In Pott's disease I had some success among the rich, though the treatment was not very satisfactory, with Taylor's splint; and among the poor, who could not afford to buy the apparatus, I got along a great deal better with the plaster-of-paris "turtle shell" applied to the back. But with lateral curvatures I could not do anything at all, and I used to send them all to anybody who said he could cure them. I liked Dr. Banning's method the best, and he used to get most of them; but in the end they all came back again without having received any benefit, and some of them worse than before. You see here half a cart load of old iron, steel and brass, which is really a part of the various appliances which patients have been wearing when they have consulted me for treatment. Mr. Broadhurst's apparatus, which I now show you, for screw and lever power, excels any that I have ever seen; but the trouble with it is that after the screw is turned to a certain point it only does injury, instead of good. The torture resulting from such instruments is almost indescribable, and the agony that I have seen patients endure while wearing them has been most affecting. Yet a young girl with a large fortune, a pretty face and a crooked back will suffer anything and do anything in the world if she thinks she can only be made straight by it.

But, owing to recent progress in this department of orthopedic surgery, I am glad to say that we are now able to discard them all, and Dr. Judson, of this city, has given us a beautiful demonstration, which shows why it is that we can improve upon the old methods of treatment. The grandchild of one of the first surgeons in England, who had lateral curvature, and was also supposed to have hip-joint disease, for a long period wore this elaborate back and leg splint which I here show you, and which weighs no less than forty-two pounds. At last the agony of the child became so great that he could not bear the instrument any longer, and during my recent visit to England I was requested to see him. On making a careful examination I found that there was no hip-joint disease whatever, but that the leg on the affected side was an inch and a quarter shorter than the other, in consequence of diastasis of the hip, which had occurred in early childhood, and which is, as you know, equivalent to a fracture of the thigh. The child had gotten well with simply a shortened limb; but, owing to this, the back had become temporarily distorted, a primary and secondary curve of the spine resulting from his efforts to keep his equilibrium. An inch and a half was added to the sole and heel of the shoe worn on the shortened limb, and when this was put on it was found that the back became perfectly straight, and this instrument was, in consequence, presented to me as a trophy of correct diagnosis. This case illustrates very forcibly the paramount importance of always getting at the cause of a curvature.

I now exhibit to you Dr. Judson's very ingenious contrivance for showing the philosophy and mode of production of lateral curvature. It is, as you observe, simply a spinal column with a flexible steel rod running through it, and the several vertebræ attached to the framework, in which it rests by means of elastic ends. When pressure is made upon the top of the column, it will be observed that rotation of the vertebræ is always produced, and that there are always two curves, a primary and a secondary (or, it may be, a number of primary and secondary curves), resulting. So long as the column is compressed, you can put on all the instruments in the world, and the curves will still exist, and until it can be extended, it is utterly impossible to straighten it. You may even crush in the ribs with the force applied; but no power on earth will make the spine straight until it is loosened at one end or the other. For this admirable demonstration, as I said, the profession is indebted to Dr. Judson.

The first case that I show you to-day is that of a young lad, who first came to me three days ago, and who even in that short time has become much less crooked than he was then. Suspension by the head and the hands was first practiced by Dr. Benjamin Lee, of Philadelphia, in following out the idea of the late Dr. Mitchell, who recommended suspension by the hands alone, but never brought the matter prominently before the profession. The first time that I suspended this young man, the latissimus dorsi muscle stood out so prominently that I thought I should have to make a subcutaneous section of it, but I now find that this will not be at all necessary. During the three days he has been practicing self-suspension by means of the tripod and suspensory apparatus which I have had occasion to show the class so frequently, and he is already greatly improved. Having taken a measurement of the patient's height standing, we now proceed to suspend him equally by the head and axilla, in order to put on the plaster jacket. Before this is applied, the patient should always procure a skin-fitting shirt, which should be knit to order, after careful measurement. Before putting on the plaster, a folded towel, which I am in the habit of calling a "dinner-pad," should be placed along the anterior part of the chest and abdomen, and we are then ready to commence. The bandage, which, as you know, is made of crinoline, into which powdered plaster has been thoroughly rubbed, and is to be soaked through with water when it is to be used, should be snugly wound around the trunk without being at all tight; and as the house surgeon is making the successive turns, I follow with my hand, rubbing the folds well into all the irregularities of the surface. The latter is a very important part of the proper application of the plaster dressing, and should never be neglected. It also prevents air from remaining between the folds of the roller. After one or two thicknesses of the bandage have been applied, narrow tins, about a foot in length, may be laid along the thorax, as they help to support the dressing, without adding materially to its weight. The jacket being all complete now, I proceed to make use of a device for causing the plaster to set quickly, which I obtained from an Irish lady during the last summer, and that is the application of a heated iron, and for this purpose I have had constructed a little roller, which is very handy. It also adds a hardness, finish, and polish to the exterior dressing which it would not otherwise have. Before the plaster gets thoroughly hardened (after laying the patient down), your assistant should hold the top of the shirt firmly while you draw out the "dinner-pad," and with your hands you should then press upon the casing, just in front of the anterior spinous process of the ilium, on both sides, so as to flatten it out a little and remove pressure over the bony prominences. If the dressing seems a little weak at any point, it is very easy to strengthen it by wetting the hands and rubbing on some more plaster; and if the jacket extends too high up under the axilla, or is found to be so long as to cause discomfort when the patient sits, it should be cut a little at these points. It is in such careful attention to little details that the success of the treatment in a large measure depends. The plaster being sufficiently hard, the patient may stand up again, when we find that he has now gained, by actual measurement, one inch and some eighths by this single application of the jacket. It is probable that, as time goes on, he may unfold at least half an inch further.

The second patient is an adult man who ought to have been fully six feet high, but who is, you will observe, very much less than that. As he suspends himself by his head, and raises himself by grasping the rope with his hands above it, you will notice that the back straightens a good deal; but this is a very bad case, and in such it takes several months to get the ribs into the right position, and sometimes they never yield. Whatever you can gain by suspension, however, you can retain by means of the plaster. When the patient is not suspended, you will observe that there is in his side a very deep depression, and when I place my hand in it, it is pressed upon very forcibly by the distorted ribs. I regret to say that the iron cross-piece of our tripod, which was not constructed of good material, has given way, and in consequence we will not be able to apply the plaster dressing to this patient at present.

In conclusion, I will make a few remarks on the after-treatment. Each patient should be provided with an apparatus for practicing self-suspension. When at home, it can be attached to the wall or ceiling by means of a strong screw, and when the person is traveling a folding tripod should be carried along. Every night and morning the patient should suspend himself or herself three times, and during each suspension should make three deep and full inspirations. It was apprehended by some that respiration would be interfered with by the plaster jacket; but in every single case that has been under my care the power of respiration has been markedly increased, as actually demonstrated by the spirometer. This increase is usually from sixteen to twenty-two cubic inches. The color of these patients is usually very bad before treatment, owing to the impeded circulation, but at once changes when they have been suspended and the plaster applied. There was one young lady I remember in particular, who was sent to me by Dr. Mary Putnam Jacobi, and who had always previously been exceedingly pale, but whose cheeks became as rosy as any you could wish to see in the short space of twenty-four hours. In the course of a few days after a jacket has been applied, it will be found to have become too loose, and it should then be cut down and tightened, or else an entirely new one applied. It may then be worn from one to four weeks, as the case may be, and somewhat later it may be cut down the front and made to lace up like a corset. Still later in the treatment, when it is no longer necessary to wear the plaster jacket, an appropriately made corset may be used, with great benefit, in its place.

The old notion of curing spinal curvature by lifting the axillæ is an absurd one, for the axillæ have really nothing to do with the spine; but it is a very different matter when the patient suspends himself by the hands placed above the head. In that case you in reality elevate the ribs by means of the serrati muscles; and if you can fasten the thorax while thus stretched out to its fullest extent, and then continue to maintain it in that position, you have gained a very great deal, as must be evident to the dullest comprehension. This the application of the plaster jacket enables us to do, and in the most successful manner.

COMMUNICATIONS.

CHANCRE OF THE LIP—WAS IT COMMUNICATED BY A DENTIST'S INSTRUMENTS?

BY C. W. DULLES, M.D.,
Of Philadelphia.

Some time since Dr. F. F. Maury gave me the opportunity of examining a patient under his care, with the following interesting and unusual history:—A. B., a female, aged twenty-six, is a thoroughly respectable housemaid, modest in her bearing, and her character vouched for by her employer, a physician, in whose family she has been for years. She says she has never had any serious illness, and her appearance is strongly corroborative of her statement. Although aware that she has now a grave disease, she does not know its specific nature.

In the month of September, when in perfect health, she suffered with a severe toothache, for the relief of which she applied to a dentist. He put some cotton, bearing an anodyne, into a cavity in one of her teeth, and advised her to have the nerve extracted and the tooth filled. A week later she returned, and he made an application to destroy the nerve. Still a week later he completed the operation, and recommended her to have all her teeth cleaned. To this she consented, and he did it.

At this time, two weeks from her first going to him, the angles of her mouth were much irritated by stretching, and she had observed a small sore near the middle of her lower lip. This the dentist said was only a blister, and advised the application of alum to it, which she carried out. However, the effect seemed evil, and the sore developed in about ten days into an angry, indurated ulcer, half an inch long, and of a somewhat less width, with a yellowish deposit, and an accompanying enlargement of a left submaxillary lymphatic gland. The ulcer and the bubo were both, she says, excessively painful.

Her condition now attracted the attention of the physician in whose family she was serving, who diagnosed a chancre, applied locally an ointment containing the nitrate of mercury, and gave her internally iodide of potassium and iodide of mercury, combined with opium.

The disease then passed on, with malaise and fever, to a general papular eruption, and the woman came, about five weeks after first going to the dentist alluded to, under Dr. Maury's care. She was, at the time of my first examination, ptyalized; on her lower lip was an enormous chancre, surmounted by an ugly excavated ulcer, an inch and a half long by about half an inch wide, with angry-looking, indurated and everted edges, and covered with a nasty yellowish deposit. Below the angle of the left lower jaw was a large and painful bubo. She had a general but not profuse papular syphiloderm. Many of the papules were developed in her palms and soles. On inquiry and examination there appeared to be no other syphilitic manifestations.

Under treatment the ulcer was, after two weeks, reduced one-half; but there was appearing a very painful pustular syphiloderm. This began upon her shins and calves, and came afterward, though less severely, on her arms and face Two weeks later she had sore throat. The chancre was healing nicely. Later, this went on quite well, leaving but little loss of substance, and the bubo subsided almost entirely. The pustules, however, were very troublesome. There were many of them, of various sizes and of different grades of ulceration, presenting the features of so-called syphilitic impetigo, ecthyma and rupia. Iritis seeming to threaten, instillations of atropia were used with success.

Without going further into the history, we have, then, a case of syphilis, whose initial lesion was a chancre upon the lip. The important question is, how was the chancre contracted? The answer to this question involves so many delicate considerations that it may not be wise to express here a positive opinion in regard to it; but to entertain one, these points should be borne in mind: A woman of unimpeached reputation subjects herself to the manipulations about the mouth inseparable from a dentist's operations; about two weeks later there appears on her lip a lesion, the development of which is that of a typical chancre, and which is followed by other unmistakable manifestations of syphilis.

Bearing these facts in mind, whatever may be one's opinion in regard to the source of the syphilitic contagion and its manner of communication, the history of this case may well serve as a warning to all dentists, as well as to the medical profession. It will have special weight if considered in connection with the cases of inoculation from the virus of mucous patches in the mouth, recently investigated by Dr. Maury and the writer, and reported in the *American Journal of the Medical Sciences* for January, 1878, in an article entitled "Tattooing as a Means of Communicating Syphilis."

A prominent member of the dental profession in this city recently assured me he was constantly on his guard against the danger of conveying disease from one of his patients to another, keeping a special lookout for suspicious lesions. He has, he says, detected syphilitic lesions, and might, without this precaution, have inoculated them upon others. Such a course deserves to be followed by all; and perhaps it might not be amiss—if not already done—for the dental colleges to teach their pupils the diagnosis of syphilitic lesions in and about the oral cavity, impressing upon them the danger of inoculation and the means of avoiding it.

4041 *Locust Street.*

OPIUM IN PERITONITIS.

BY R. M. HAND, M.D.,

Of Shubuta, Miss.

No one can now claim originality in the mere use of opium in peritonitis, for it has been employed to alleviate the pain of this disease from time immemorial, and latterly has been more or less depended on, in combination with other remedial measures, as a curative agent; but I wish to relate two cases, one of idiopathic and one of puerperal peritonitis, in which opium alone, in very large doses, was used with the most satisfactory results.

The first case I saw on the 25th of September, 1875; the patient was a large, robust man, about thirty years of age. I immediately commenced administering full doses of opium, two grains every two hours. This producing no sensible effect, I gradually increased the dose, watching closely, until nine grains were taken every two hours. The opium gave out during the treatment, and I substituted laudanum and morphia in equivalent doses. No less than this would produce the desired effect, that of relieving the pain and producing perfect quietude. This man in seven days took seven hundred and thirty-six grains of the drug, and made an excellent recovery.

The second case, which I saw on the 23d of June, 1876, was a healthy multiparous female, about thirty-five years old, who was attacked, after a recent confinement, with pelvic peritonitis. I commenced, as before, with two grains of opium every two hours, and increased carefully until a dose of eight grains was reached, upon which she was kept for five days, at the end of which time it became necessary to diminish the dose, which was accordingly done in successively smaller doses as she improved, until the original quantity proved sufficient. She made an unusually early and satisfactory recovery.

It may be objected by some that, owing to the disordered state of the absorbents, caused by the inflammation, the medicine was not taken up. I would answer such by asking, how was it that the effects were proportionate to the size of the dose? If a dose of three grains produced no effect because it was not absorbed, would not one containing nine grains have remained unabsorbed also? Some may be disposed to say that the opium used was not a good preparation; this objection can also be answered very conclusively, for be it remembered that in the first case the opium gave out, when morphine and laudanum were substituted. I was taught by a sad experience that the drug used in the second case was an active preparation. Having occasion to administer it to a stout, healthy woman, suffering pain from a recent uterine displacement, I left from the same bottle ten one-grain pills, with instructions to give one every hour until the pain was alleviated, but by all means not to arouse her to administer one. The caution was forgotten, and the too persevering relatives continued to shake and arouse her and force her to swallow, until she had taken seven pills, when I was sent for; but the most assiduous application of the usual remedies failed to avert the lethal effects of the opium.

I am satisfied that the above treatment is the best that has yet been advanced for the cure of peritonitis; yet, in recommending it, I would advise smaller doses to begin with and watchfulness in increasing, and to be on guard and ready to diminish as soon as it becomes necessary.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

SERVICE OF WILLIAM GOODELL, M.D.,

Professor of Gynecology in the University of Pennsylvania.

(Reported for the MEDICAL AND SURGICAL REPORTER.)

Dysmenorrhœa, with Stenosis and Flexion.

The patient is a colored woman 27 years of age, and unmarried. She has never had any children. The dysmenorrhœa at her monthlies has been terrific, and has always confined her to bed at those periods. There is also great tenesmus at times. When at the age of twenty, the woman injured herself by lifting a heavy weight, and so produced a retroflexion of the womb. This flexion, joined with the coexistence of an already abnormally narrow cervical canal, has been the cause of all the trouble.

Let me, however, first make a careful examination. There may be a fibroid tumor of the womb, for this condition is somewhat common in young colored women. I find that the womb is very much out of its place, but I am sure that there is no tumor. I will introduce the speculum. The external os uteri is very small, what is generally known as a pin-hole os. I dilated this os last week, but not sufficiently. In all cases of dilatation, where the os is so small, it is necessary to seize and hold it down with a pair of uterine tenacula. In buying tenacula, be sure that you get a stout pair. Upon introducing the sound, I find great difficulty in getting it through the internal os uteri. The womb is about two and a half inches long. No matter how much bent the cervical canal may be, you can usually introduce the dilator after two dilatations. I am going to dilate the cervix again to-day. It is so difficult to insert the dilator, that I will use this curved probe as a guide. In passing a dilator into the cervix of a retroflexed womb, always pass it with the curve downward; pass it in up to the fundus of the womb, and then withdraw it half an inch before dilating. When you have dilated the cervix to the desired extent, do not attempt to pull the dilator out without closing it; if you do this, you may seriously lacerate the external os. When you have introduced the dilator, stop the administration of ether, and leave the instrument in the canal until the woman begins to show some uneasiness; this serves the double purpose of bringing the patient more rapidly out of the influence of the ether, and also makes the operation a more permanent and satisfactory one.

Some very excellent physicians advise incisions in such a case as this, but I think this practice open to serious objections. There may be copious hemorrhage, and there very often is a resulting permanent deformity of the cervix. There is always a little bleeding, indeed, after the dilator has been removed, but never any serious hemorrhage.

Prolapse of Both Ovaries.

This accident is the opprobrium of gynecologists. Thus far no positive and permanent cure has been discovered. Floating about, as the ovaries do, in the atmosphere of the abdomen, it is only a wonder that they do not prolapse more frequently. The abdomen, however, is so tightly packed with the viscera that dislocations of the contained organs are quite rare.

The ovary is a follicular gland, and its normal size and shape are about those of an almond. These ovaries are congested at every menstrual period. It may very properly be said that a woman is a woman because she has ovaries, and not because she has a womb. Many diseases of the womb can be traced to the ovaries. The symptoms of a prolapse of one or both of the ovaries are somewhat as follows: The woman has pain in the region of the womb, and tenderness in the groins. The physician will notice a small, round tumor in her vagina, which gives rise to a most sickening sensation when pressed. These tumors may vary in size, all the way from the normal size of the ovary to that of a large apple. When a prolapsed ovary is of very great size, there has usually been some cystic degeneration.

The treatment of prolapsed ovaries is, as I have remarked above, often exceedingly difficult. In most cases the mental symptoms are the worst features of the case. We may put our patient in bed and subject her to a routine treatment by massage and galvanism. Ovarian troubles very frequently depend upon some defect of nutrition, the best remedy for which is the treatment set forth by Dr. S. Weir Mitchell in his monograph on "Fat and Blood, and How to Make Them." I have obtained the most remarkable cures by the combined employment of the different items of this treatment. In this case there is no cystic degeneration; the ovaries have simply become congested and fallen behind the womb, into Douglas' pouch, by their weight.

What is to be done in this case? As far as medicines are concerned, I shall order the patient ten grains of the muriate of ammonia, with one-twelfth of a grain of the bichloride of mercury, thrice daily. The muriate of ammonia may also be given with the mistura glycyrrhizæ composita. The antimony and paregoric in it are also very excellent remedies. I sometimes give small doses of tinct. of aconite, two to five drops at a time. In this case the patient has been much relieved by the use of pessaries (pessaries generally give great pain). Indeed, I think the patient has escaped very easily. The bend of the retroflexed womb has acted as a prop, and prevented this organ from squeezing the prolapsed ovaries. What is to be said as to the performance of ovariotomy for the relief of prolapse? The operation would be easy, owing to the position of the ovaries, but the small amount of pain and the general good condition of the patient render ovariotomy thus far entirely unnecessary. The hard-rubber pessary which I have used has acted as a shelf to hold them up. An examination in this case shows me that the cervix is slightly lacerated, and that there is a slight erosion of the mucous membrane; the fundus of the womb, too, is very tender, and I will make an application of carbolic acid for these conditions.

There is another cause of inflammation of the ovaries, in which treatment is hopeless. Such is the case where ovaritis has been brought on by gonorrhœal poison. This infection runs through the mucous membrane of the vagina and womb, and, finding its way out through the Fallopian tubes, brings on peritonitis, ovaritis, or pelvic cellulitis. A woman suffering from ovaritis may be permanently sterile. This is only the case, of course, where both ovaries are diseased. If one ovary escapes, the woman may become pregnant, and so obtain a rest for the space of nine months, during which time the other ovary may find time to recover its health.

Fibroid Tumor of the Womb.

A tumor of the womb is usually the result of local hypertrophy. When a section of the substance of a fibroid tumor is examined under the microscope, the only difference it presents from a section of any healthy part of the womb is that the unstriped muscular fibres are methodically arranged in the latter case, and are all in a confused jumble in the former. There are several causes for fibroid tumor of the womb. There is often a history of dysmenorrhœa, with angular deformity, thus causing hypertrophy of the muscle at some point. Or the tumor may be the result of an incomplete subinvolution, following pregnancy; or there may be some interstitial blood-clot. The statement has been made that seven per cent. of all women have fibroid tumor of the womb; of women over thirty-five years twenty per cent., and of women over fifty years forty per cent., are thus afflicted. I think this estimate is too high, and that the physician has drawn up his statistics from the cases which have come to his office, or under his notice, and not from the whole female population. Fibroid tumors range in size from that of a marble to that of an adult head, and upward. Such tumors are not malignant, and their only symptoms may be those of hemorrhage and weight. Except in the case of colored persons, they usually make their appearance after the middle of menstrual life. They must be distinguished from phantom tumors. A fibroid tumor may reach a truly enormous size without giving any notice of its presence.

There are three varieties of fibroid tumor: the *subperitoneal*, *mural*, and *submucous* myoma of the womb. Fibroid tumors usually develop in the direction of the least resistance. A polypus of the womb is often a fibroid tumor, which has been driven out into the cavity of the uterus from its original site in the uterine substance. A fibroid tumor differs from a polypus in having no stem.

This woman, whom I intend to operate upon to-day, has been losing blood for the last six years. Six months ago she was married, and since then she has been much worse. Why has she been worse? Up to the time of marriage there was but slight uterine excitement, and the tumor grew but slowly. After marriage, however, the excitement of sexual intercourse caused the myoma to develop much more rapidly. The tumor in this case is about the size of my two fists. A great deal of blood has been lost at each monthly period. For the past two days I have been dilating the canal, which was naturally contracted. Yesterday I passed in six laminaria and a sponge tent. The tumor I found to be situated on the left side of the posterior wall of the womb. To day I shall remove the laminaria and sponge tent, and inject some carbolized water into the cavity, so as to cleanse out all impurities, otherwise the woman might be poisoned by the foul discharge resulting from the tents.

Now that I have thoroughly paved my way to immediate treatment, what is to be done? If the woman could remain in the wards for six months or so, under my personal care, I should much prefer to treat the case by hypodermic injections of ergotine in the neighborhood of the navel. In making these injections, I should employ either the aqueous extract of ergotine, or a very excellent infusion prepared for me by Dr. Dowling Benjamin, of Camden, New Jersey. By so doing I should bring about a continued contraction of the womb, which would answer the double purpose of forcing the myoma out into the uterine cavity, and at the same time depriving it of its supply of blood, and so starving it down. But the woman must go home as soon as possible, and so I intend to perform the operation of incising the capsule, and so hasten the enucleation of the tumor. If I were to use a knife in making the incision, I should, perhaps, have serious bleeding, so I shall incise the capsule with this little saw, used for the subcutaneous section of bones.

I begin by passing my finger as far into the womb as possible. If the sawing should cause bleeding which ergot will not control, I shall give gallic acid in doses of twenty grains every two or three hours. If this does not stop the hemorrhage, I shall tampon the vagina and cervix; but I do not apprehend much bleeding. I have now made an incision an inch long in the capsule, but this is not enough. There is, you see, little or no bleeding. I cannot shell the tumor entirely out of its capsular rind, and so I make a large hole in the fibrous covering, and leave this work to nature and the ergot. I have increased the opening and separated between the tumor and its capsule for some distance on every side of the incision. All this time I have kept one finger in the womb, so as to map out my ground. In the course of several days the tumor will pout slightly into the incision, and then, as time goes on, will be gradually pushed more and more out of the opening. There is some danger of peritonitis following this operation, but I hope that the patient will escape. Should any increase of temperature and pulse show themselves, however, I shall give large doses of morphia and quinia. She shall have ten grains of quinia to-night to begin with, and so we shall try to abort any symptoms that may appear. While the tumor is being forced out necrosis takes place, of course, and there is danger of septicæmia. I shall, therefore, order the womb cleansed daily with antiseptic solutions.

Dr. Greenhalgh, of England, has reported several cases in which he took the actual cautery and thrust it into the substance of the tumor; but I do not care to try this method; the number of fatal cases was too large.

In this operation, as we have to work by faith, and not by sight, we must cut slowly and carefully. In treating fibroid tumors, try, in the first place, to keep the patient's thoughts as much as possible away from her womb, for the mind can provoke congestion and hypertrophy of a part just as easily as medication or local lesion. In the actual treatment your object must be first to prevent hemorrhage, and then to tide over the menstrual periods, when there is, of course, abnormal congestion and excitement of the womb. Therefore, forbid all sexual intercourse; put the patient to bed just before her menstruation begins, and keep her in bed while it lasts; see that the liver's action is healthy, administering saline cathartics, if needful, or, better still, some of the natural mineral waters, to regulate it. If the flow is very great at the monthly periods, plug up the canal with sponge tents, keeping them in for twenty-four hours at a time, then taking them out and putting in fresh ones. If the woman's constitution objects to daily injections of ergotine, it must be given by the rectum. Use an inspissated extract made from the fluid extract for this purpose. I do not believe in vaginal suppositories of ergot or of morphia. For every grain of morphia put in the vagina, only one-third of a grain is needed to do the same work by the rectum. Therefore, join morphia with ergot in the rectal suppositories when there is pain.

I will not put this woman upon ergot at once, for it might bring on inflammation, but will wait for a week or two, and then give daily hypodermic injections. Meanwhile, she must have ten grains of quinia to-night, and fifteen during the course of to-morrow, so as to ward off, if possible, all symptoms of peritonitis. If she suffers much pain opium must be given.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational Meeting, held at the Hall of the College of Physicians, Philadelphia October 10th, 1877. Professor Henry H. Smith, President of the Society, in the chair.

FRANK WOODBURY, M.D.,
Reporting Secretary.

A vote of thanks was tendered to Dr. Wm. T. Taylor, for his paper "On Changing the Vertex from an Occipito-Posterior to an Occipito-Anterior Position" (see vol. xxxvii, page 381).

Dr. Richard A. Cleemann, in opening the discussion upon Dr. Taylor's paper, stated that in his opinion the difficulty, causing delay in cases of this kind, is due not so much to the position of the head as to a certain degree of contraction of the pelvis, which is often found to coexist. Among sixty consecutive cases of labor occurring in his own practice (all that he had time to go over in his case-book, when looking up the subject just before the meeting), there were ten instances of occipito-posterior position of the vertex. In one of these, the head escaped with the rotation of the anterior fontanelle forward; in all the others it was delivered with the occiput to the front, as in ordinary occipito-anterior positions. In one of these latter cases, the rotation forward of the occiput and the extrusion of the head were accomplished during a single "pain;" in another only ten minutes elapsed from the time when the membranes were ruptured till the child was born, and in a third but a quarter of an hour intervened between these two events. In only two of the labors had he made the change in position of the head advocated by Dr. Taylor; each of these was complicated by slight contraction of the pelvis, and in each he had made use also of the forceps.

Dr. Albert H. Smith said that the most valid objection in his mind to Dr. Taylor's plan of operation was the theoretical one, that it was contrary to the processes of nature, for the more nearly we can keep, in all obstetric manipulations, to the plan followed by nature in the delivery of the fœtus spontaneously, the more readily will we accomplish the end with safety to the mother and the child. Now, why we find the head of the child with its occiput posteriorly we cannot satisfactorily explain; but we do know that when found there it has a "mechanism" of its own, by which nature accomplishes its delivery; that it is flexed, enters the brim of the pelvis, strikes upon the lateral wall of the pelvis, provided by nature with the screw-shaped fossa known as the inclined plane, is directed forward in rotation, and in extension passes beneath the pubic arch. Now, that this is the *natural* process is the experience of the best obstetric authorities. Naegelè, in over 1200 cases of original occipito-posterior position, had only 17 born without rotation anteriorly, and in every one of these he was able to appreciate some cause, existing either in the size of the fœtus or the conformation of the pelvis, sufficient to account for the deviation from a law so nearly universal. We see, then, that nature never turns the occiput of the child anteriorly while above the brim, but has provided the lateral inclined plane to turn it after it has entered the excavation. Practically, the difficulties in Dr. Taylor's method are very great. He acknowledges that after rotating the head it has to be held in position until the expulsive efforts of the uterus have carried it down into the pelvic cavity. In some of his cases he has carried the hand into the uterine cavity, and rotated the whole body, to prevent the head from twisting backward. This operation Dr. Smith has tried with little or no favorable result, and with no little sense of the danger attending it, and cannot endorse it as the easy and simple operation supposable from Dr. Taylor's remarks. We can rarely have an opportunity to do this until the membranes have been a while broken, and then to introduce the whole hand into the uterine cavity, pushing it beyond the head at the brim and bringing it to bear upon the shoulders, and forcibly to make them execute a movement of rotation within the uterine cavity, with its walls closely hugging its contents, would be attended with an amount of difficulty and danger scarcely, if at all, exceeded by the process of version by the feet in a contracted uterus. It could certainly not be recommended as a method to be hastily adopted by the young practitioner for the management of a case which, in a majority of instances, could be spontaneously terminated by nature. In most of his cases, Dr. Taylor had to resort finally to the forceps, and, from the length of time mentioned as elapsing before the delivery of the child, it would seem doubtful whether the labors were in any degree shortened. How much better, then, to follow nature's method, or rather to aid her in carrying out her own plan. If there be delay at the outset of labor, apply the forceps in the posterior position, flex the head by grasping it firmly, and, drawing the handles forward, compel it to enter the brim, and the process will go on rapidly, in every case where there is no disproportion of head and pelvis to prevent it. Rotation then takes place naturally. In this condition the forceps application is easy; but to apply them properly, while holding the head in rotation above the brim with one hand, leaving only the other hand free to adjust the blades, is a manipulation requiring more skill and handiness than most operators possess.

Dr. W. S. Stewart called attention to the fact that Dr. Taylor had a very small hand, and for that reason was enabled to perform a delicate operation, such as the one under discussion. He was of the opinion that it was of primary importance to have a very small hand for introducing into the gravid uterus at term, as rough manipulation might lead to rupture of the organ. He had never, in his experience, found it necessary to change the presentation, and disliked to interfere with nature's course, unless there were more positive and distinct indications.

Dr. C. R. Prall knew the manipulation to be very successful as practiced by those who have a small hand and the skill to do it. A case recently occurred in his practice illustrating this. There was a very close pelvis and a very large head, presenting with the vertex posterior. But he could not complete the diagnosis as to position by touching the ear, for there was not room to introduce his hand to that extent. The head came down very slowly till it was quite low in the pelvis; apparently it would have been an easy matter to deliver with the forceps, but after a very prolonged endeavor he found himself unable to to make them lock. He then called in the assistance of Dr. Reuel Stewart, who very adroitly introduced his hand, and not only turned the head from a vertex-posterior to a vertex-anterior position, but also turned the shoulders to correspond with the new position of the head. He then retained the head in position with one hand, while he introduced the first blade of the forceps with the other, after which the second blade was quite easily applied and the head delivered.

Dr. Cleemann stated, as the reason for his changing the position of the head in the two instances mentioned, that he had found delivery with the forceps in the original positions impracticable. In such cases, when the head was high up and flexion incomplete, he found himself unable to apply the blades of the forceps sufficiently far forward on the head for the fenestræ to pass over the parietal protuberances; consequently, the instrument would not hold, but slipped when firm traction was made. As a rule, in putting on the forceps, he endeavored to adjust the blades to the side of the child's head, directing the concavity of their pelvic curve toward the sinciput, and contenting himself with the escape of the head with the face forward, if this proved practicable. When delivery in this manner was not readily accomplished, he changed the position of the head.

Dr. A. H. Smith disclaimed having advocated the use of the forceps in rotating the head either above the brim or in the excavation. They are to be used simply as tractors, drawing the head from before, after having flexed it and caused it to enter the brim, just as the uterus pushes it from behind. Rotation is not to be forced, or even in ordinary cases to be much favored. It is simply to be permitted, not interfered with. Making the traction steadily in the curve of the pelvic canal, with a direct movement, at the proper time the head begins to rotate in obedience to the mechanical law of the pelvis. You can scarcely prevent it by a most powerful grasp in the blades. It will often swing around so rapidly that you have hardly time to get your blades off, to prevent their being carried with their concave edge toward the sacrum. Dr. S. had often seen cases in which, after twelve or fifteen hours of ineffectual pain in multiparous women with large pelves, who had not power to flex the posteriorly presenting head, the application of the forceps and the drawing of the vertex forward to engage in the brim would be followed by an expulsion of the head in one or two pains, rotation taking place almost instantanously.

Dr. Thomas M. Drysdale agreed with Dr. Smith as to the difficulty of turning the occiput to the front at the superior strait and changing the position after the discharge of the waters. He did not consider the practice so entirely safe as stated by the lecturer and those who advocated this measure. He related a case of difficult labor that had come under his observation, where the manipulation recommended in the paper of the evening had been practiced. The case referred to occurred under the charge of two other physicians, who, finding it tedious, had changed the position and applied the forceps, but could not effect the delivery. Finally they sent for Dr. Drysdale to apply the vectis or perform craniotomy.

Upon his arrival he found the mother dying, and a careful examination proved that the child's neck had been broken by the forcible manipulation. The case was beyond remedy, and very soon the mother died. The diagnosis was confirmed in the autopsy, made an hour after death. He quoted this case merely to show that the interference recommended is not always free from danger.

Dr. William M. Welch had always entertained the opinion that the delay in cases of occipito-posterior positions was owing to mechanical causes after the head had entered the canal, from the fact that the occiput had to sweep along the curve of the sacrum before delivery, whereas in anterior positions a much shorter distance had to be traversed. In the paper just read, he had noticed that the delay complained of was previous to the engagement at the superior strait. He would inquire of the lecturer whether he had generally found this to be the case; and, in case of delay occurring when the occiput has reached the hollow of the sacrum, whether he would recommend any attempt to rotate it to the front.

Dr. Taylor replied that the paper of the evening was confined purposely to the questions of the feasibility and propriety of turning an occiput from the back of the pelvis to the front, before its engagement at the superior strait. This he had been able to do in the cases he had detailed in the paper, and felt himself warrânted in recommending it as a procedure calculated to materially shorten labors that would otherwise be very tedious. If this can be done, and he knew that he had been able to accomplish it himself, he felt that it was of the greatest value both to the suffering patient and her physician.

EDITORIAL DEPARTMENT.

PERISCOPE.

Peculiar Phonation and Articulation in Paralysis.

At a recent meeting of the Clinical Society of London, Dr. Broadbent brought to the Society brief notes of four cases in which these peculiarities had existed. Case 1 was that of a girl, aged twenty, who, seven months after the birth of an illegitimate child, was seized, after an emotional shock, with pain in the head, vomiting, and delirium; after which she was completely paralyzed on the left side, partially on the right, then speech was said to have been lost; it was probably rather unintelligible. As she recovered, the voice was altered and impaired, and the articulation was indistinct and almost monosyllabic. Case 2 was that of a woman, aged twenty-seven, who, during an attack of small-pox, five weeks after the birth of a child, had a fit, after which she could not move a limb or speak a word for some weeks. When she had so far recovered as to be able to walk and feed herself, her intonation was loud and unnatural, and articulation imperfect, attended with effort, and monosyllabic. Case 3 was that of a schoolmaster, who, a year after contracting syphilis, became suddenly hemiplegic on the left side. Twelve months later he gradually lost his speech, and for six months he could not speak at all, deglutition, moreover, being affected. He regained speech, and some power in the left limbs, but the voice was squeaky and unnatural, and articulation peculiar and attended with great effort. In Case 4 there was cross paralysis of the left limbs and right face, attended with affection of the voice and articulation.

Gonorrhœal Rheumatism of the Heart.

M. Desnos read an account of a case of this affection to the Paris Hospital Society, observing that although these cases are rare, and usually pass unperceived, yet their true nature and connection are sometimes brought to light by means of the intervening arthritis. About a month ago the subject of this case came into the hospital with acute bronchitis, the heart being then in a normal condition. Some days after, the patient was seized with pain in the shoulder, which then localized itself in the sterno-clavicular articulation, and it was then discovered that he had gonorrhœa. All of a sudden he was seized with violent palpitation of the heart, and the diagnosis was made of narrowing and insufficiency of the mitral orifice; and œdema and infiltration of the inferior extremities, without albumen in the urine, supervened. At the autopsy a small ulcer was found on the mitral valve, together with a considerable vegetant endocarditis of the aortic valves and the whole of the interior of the heart. M. Fournier observed that this was certainly a case of gonorrhœal endocarditis, although important details were wanting. Was there sweating or fever present? In gonorrhœal rheumatism, in fact, the temperature is never high; and just as sweating is so abundant in ordinary rheumatism, it is absent in the form of the disease consequent on gonorrhœa. A conclusive circumstance in this case was the seat of the affection, the sterno-clavicular articulation being the joint of predilection in gonorrhœal rheumatism. M. Desnos replied that in his case the temperature curves would not be conclusive owing to the pulmonary complications; but the patient had no sweats, and never before had suffered from rheumatism.

Treatment of Overloaded Colon.

Dr. E. M. Boddy says, in the *Medical Press and Circular:*—

The following old-fashioned mixture I have found of great benefit as regards purifying the kidneys and bladder, in cases of an overloaded transverse colon:—

℞. Sp. æth. nit., ʒiij
Tinct. hyos.,
Liq. pot., āā
Aquæ ad ℥vj.
Sig.—℥ss p.r.n.

In this mixture a decomposition takes place owing to the incompatibility of the hyoscyamus and the potash, which is displeasing to the eyes of a chemist, but nevertheless it is a mixture of great value, for the ether, being a diffusible stimulant, is an exhilarator, and the hyoscyamus and the potash act as a mild sedative and diuretic on the urinary organs and passages.

Light food cannot be too highly recommended, for we must remember that the stomach is much weakened, and in some cases its powers of digestion are seriously impaired, so that some little time is required for it to recover itself, therefore the diet must consist of the simplest kind possible, and the meals must be regularly taken at stated times of the day, so that the coats of the stomach may be gradually coaxed to resume their functions, for every organ, after being over and improperly worked, requires rest after its exertions, and I may say the stomach more particularly, for when this organ is exerted beyond its accustomed powers it cannot possibly regain its healthiness of tone for some time, for if it performs those functions perfunctorily the human frame is necessarily out of gear, consequently the greatest attention must be devoted toward restoring the healthy tone and digestive powers of this important organ.

Arsenical Atmosphere in Phthisis.

It is well known that several eminent French physicians have highly lauded the curative value of arsenic in phthisis (See *Napheys' Medical Therapeutics*, pp 210, 214, fifth edition). In a recent letter to the *Lancet*, Dr. Horatio R. Storer writes:—

During 1873 and 1874 the writer's attention was chiefly given to the ordinary considerations of local climate, and a study of the Neapolitan chain of mineral springs extending from Meta, adjoining Sorrento, through the whole circuit of the gulf, and ranging in temperature from 15° C., or thereabouts, at Meta, Vico Equense and Castellamare, through from 17° C. to 21° C., in the springs of the city of Naples, to from 30° C. to 90° C. at Pozzuoli, Baiae, and the adjacent island of Ischia. He then became aware, and he thinks it was from a chance statement of his friend, Dr. J. A. Menzies, of Naples, that several of the more noted Neapolitan physicians were commencing to claim for Pozzuoli an exceptional excellence of a wholly different character, asserting that a portion of it had an atmosphere of its own, perceptibly charged, not with sulphur merely, but with arsenic, from the semi-extinct volcanic crater known as the Solfatara, which, from but slightly rising above the level of the adjoining country, is easily accessible on foot, or by donkey or sedan chair, to the most feeble invalid. The breathing of this arsenical atmosphere, it was stated, not only theoretically promised to be of benefit in cases of threatened or actual pulmonary tuberculosis, after repeated visits to the crater, extending over a longer or shorter period, but had, in fact, been proved so by actual experiments.

The Diagnosis of Gonorrhœal Rheumatism.

In a lecture on this subject by Professor Gosselin (*Gazette des Hopitaux*, 1877, 108), He says:—

It is a fact that there is a variety of arthritis proper to the subjects of gonorrhœa, and which differs essentially from other articular rheumatisms. It is characterized by its sudden onset, and the rapid appearance of the signs of severe inflammation, very great heat and swelling, the severest pain, and localization in one joint, or, if several joints are affected, one of these (usually the knee) suffering with peculiar intensity. These inflammatory phenomena also present this peculiarity, that they are not in general complicated by cardiac lesions. Another characteristic of this special arthritis is that it is of much longer duration than acute rheumatism. While the latter may last for fifteen or twenty days, gonorrhœal arthritis will persist for ninety, one hundred, or one hundred and twenty days. The former terminates by resolution, leaving no traces of its presence in the joints; while the latter often ends in anchylosis. Congestive at first, it becomes plastic, giving rise to neo-membranous exudations, which become organized within the joint and in the substance of the synovial membrane, and are accompanied by destruction of the articular cartilages. Another characteristic is, especially when the knee is the seat of the arthritis, that it is very often accompanied by flexion of the joint, which, if not guarded against, leads to deformity of the limb. This vicious attitude, due to muscular contractions, plays a very important part in the disease, disposed as it is to terminate in anchylosis. All these conditions existed markedly in the patient under consideration, except the muscular contraction, the absence of which was probably due to the recent occurrence of the affection. In him the pain especially was extremely severe, resisting all the various means employed for its relief. In many cases it thus resists the action of narcotics, and always returns very quickly after the operation of these has been exhausted.

It is of great importance that we should recognize this gonorrhœal form of arthritis, in order that it may be effectually treated. When, for example, it affects the hip-joint, it may lead to a spontaneous dislocation, in consequence of the enormous amount of effusion which accompanies it, and which, unfortunately, it is impossible to ascertain.

Treatment of Phimosis in Boys.

Dr. L. M. Yale, in an article in the New York *Medical Journal*, considers phimosis as physiological in childhood. It demands treatment only when it sets up direct or indirect irritation. Simply breaking up of adhesions, the forcible retraction of the prepuce with or without its division, divulsion of the preputial orifice, and complete circumcision, are the various methods that have been employed. Bókai, who only interferes if there be pathological symptoms, relies solely upon retraction, breaking up the adhesions with a probe or other suitable instrument. Inflation of the prepuce with water forced from a syringe is recommended for the same purpose. Dr. Holgate informs me that in all his cases—a great number—he has found forcible retraction sufficient. The glans, after being cleaned of smegma, is anointed, and the prepuce again brought forward. In this he agrees exactly with Bókai. This manœuvre is repeated by the surgeon, if necessary, and the attendant in any event directed to repeat it daily. One instance he mentioned of recurrence twice of the enuresis, owing to the agglutinations having been allowed to reëstablish themselves. In such a case circumcision will probably make a complete cure.

If the prepuce be redundant, circumcision is the preferable operation; if not, splitting of the prepuce, if necessary, may be done to assist its retraction. In adolescents, or in children, where the prepuce has been the seat of much inflammatory process, the knife will be generally needed in one method or the other.

Dr. Sayre urges the necessity of circumcision, and of doing it thoroughly, watching carefully for constricting bands of mucous membrane, and nicking them if they exist, dividing, also, the frenum if it be short, etc.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Annual Report of the Pennsylvania Free Dispensary for Skin Diseases, supported by voluntary contributions. J. V. Shoemaker, M.D., physician in charge. 920 Walnut street, Philadelphia, Pa.

——"The Drunkard's Diseased Appetite What is it? If Curable, How? By Miraculous Agency or Physical Means, Which?" Printed at the Inebriate's Home for King's County.

——An interesting and valuable pamphlet, from the same source. "The Dogma of Human Responsibility, more especially as it relates to Inebriety." By Rev. J. Willet, Superintendent of the Inebriates' Home. A paper read before the last annual meeting of the American Association for the Cure of Inebriates, and published in the September number of the *Journal of Inebriety*, 1877.

——Typical Case of Addison's Disease, with Remarks, by Geo. Ross, A.M., M.D., Professor of Clinical Medicine, McGill University, Montreal. A reprint from the *Transactions* of the Canada Medical Association, 1877. The symptoms, mental condition, and autopsy of the case are minutely given.

——Excision of the Knee Joint, by Geo. L. Fennick, M.D., Professor of Surgery, McGill University, Montreal. From the *Transactions* of the Canada Medical Association. A pamphlet of 24 pages, with several illustrations.

——The Promotion of Medical Culture and Self-protection by a New Order of Fellowship. By J. R. Black, M.D., Newark, Ohio. A reprint from the Cincinnati *Lancet and Observer*, December, 1877. Abounding with hints worthy of attention by medical men.

——Clinical Lectures on Surgery. Lecture I. By J. H. Pooley, M.D., Professor of Surgery, Starling Medical College, Columbia Ohio. Reprint from the *Ohio Medical and Surgical Journal.* This pamphlet contains four cases, case first being a scirrhous cancer of the breast; second, scrofulous ulcers of legs and enlargement of bone; third, fracture of the clavicle, broken by muscular contraction, and recovery without surgical appliance; fourth, scar, result of an alveolar abscess.

——The much-debated questions of the Relation of the Climate of California to Consumption are ably handled in a pamphlet of thirty-two pages, by Dr. F. W. Hatch, of Sacramento. The article originally appeared in the Report of the State Board of Health, and is the leading one in that volume. Besides it, there is a brief notice by Dr. H. Gibbons, on the Dangers from Eating the Seeds and Skins of Grapes; Suggestions in Regard to a State Hospital for Consumptives, by the same; on the Adulteration of Food, Drinks, and Drugs, by Dr. J. F. Montgomery; and others.

——Dr. Edward Seguin, of New York City (41 West Twentieth street), has devised an excellent "Prescription and Clinic Record," and "Bedside Notes," for the purpose of insuring uniformity of measures, and precision of observation throughout clinical studies. His project deserves the highest praise, and it is to be hoped will be generally adopted. The Clinic Record may be had of the author as above. Price 35 cents.

——The Report of the Board of Health of the City of Nashville, for the year ending July 4th, 1877, contains a valuable description of the sanitary reforms in the city, an account of its water supply, its vital statistics, and a sketch of its history *ab urbe condita,* to date.

BOOK NOTICES.

Transactions of the Canada Medical Association. Tenth Annual Meeting. Montreal, 1877. pp. 245.

This well-prepared volume is a favorable indication of the social and scientific activity of our northern neighbors. One finds in it a series of excellent epitomes of the advances made in the previous year in the various branches of medicine, as well as quite a number of original contributions.

Among the latter may be noted a discussion of the Plea of Insanity in Courts of Law, by Dr.

E. Hornibrook; Some Typical Cases of Addison's Disease, by Dr. George Ross; on the Use of Acetate of Lead in Large Doses in Post-partum and other Hemorrhages, by Dr. Joseph Workman; on Various Wounds and their Treatment, by Dr. W. Canniff; on Vesico-vaginal Fistula, by Dr. E. H. Trenholme; on Excision of the Knee Joint, by Dr. George E. Fenwick; and others.

The price of the volume is two dollars; it may be had by addressing Dr. W. Osler, Montreal.

Lectures on Clinical Medicine, Delivered in the Royal and Western Infirmaries of Glasgow. By Dr. McCall Anderson, Professor of Clinical Medicine in the University of Glasgow. London, Macmillan & Co., 1877. Cloth, 8vo. pp. 268. Price $3.00.

These lectures by the eminent Glasgow professor are seventeen in number. Each takes up one or a series of cases illustrating some special symptom or therapeutical procedure. Thus one is upon cases illustrative of pain as a symptom of disease; another on cases illustrative of gastric and cerebral vomiting; a third on spinal irritation; others on hysteria, the phenomena of embolism, treatment of aneurism of the arch of the aorta by galvanic puncture, on galloping consumption, on the cirrhotic form of Bright's disease, on mediastinal tumors, on tubercular peritonitis, on skin diseases, etc. There are a number of illustrations, and the mechanical preparation of the book is unusually good.

Of Dr. Anderson's ability as a lecturer and enthusiasm as a worker, there can be no doubt. His style is attractive and incisive. As a diagnostician he will meet much doubt from his report of three consecutive cases of galloping consumption (acute phthisis) all cured by means of iced cloths, atropine injections, antipyretic powders, and good food. Such news is, one fears, too good to be true. His lectures on internal aneurisms are perhaps the most valuable of the series. But as a whole, the volume is one very suggestive and full of acute observation.

The Action of Medicines. By Isaac Ott, A.M., M.D, etc. With twenty two illustrations. Philadelphia, Lindsay & Blakiston, 1878. Cloth, 8vo. pp. 165.

Whether the study of the physiological action of medicines will ever become the basis of therapeutics, as the author of the work before us believes, is doubted by many, and has been straightly denied by not a few of the most eminent therapeutists of the day. None will question, however, that this study has many valuable indirect bearings on all branches of medical and many of social science. Disagreeing radically with the opinions advanced in the author's preface, we can without hesitation commend his book as a convenient manual for the physiological experimenter. It contains four chapters, the first entitled, "How to Study the Physiological Action of Medicines" the next two describing their action respectively on the nervous system and the circulatory apparatus, while the last gives the results of experiments on man in health, and the lower animals, of a number of articles in the materia medica. Where the author describes the methods of manipulation, etc., he is concise and clear; where he collates, as in the last chapter, he frequently falls short of the completeness desirable in such a monograph.

Transactions of the Medical Society of the State of Pennsylvania, at its Twenty-eighth Annual Session. Philadelphia, 1877. Pages 390–830.

This number of the *Transactions*, though rather late in appearing, makes up for that retardation by a very excellent display of matter. The address of the President, Dr. R. B. Mowry, was upon the physical forces, as now understood, and is a comprehensive survey of the subject. The address in obstetrics, on Puerperal Convulsions, by Dr. S. B. Kieffer; that on Surgery, by Dr. H. Lenox Hodge; that on Mental Disorders, by Dr. John Curwen; on Hygiene, by Dr. Benjamin Lee, are all finished studies.

Of the other papers contributed, we mention that of Dr. P. D. Keyser, on Some Forms of Inflammatory Diseases of the Eye, Caused by Defects in Refraction and Accommodation; one on the Diagnosis of Psoas Abscess, by Dr. B. Lee; on Fracture of the Upper Third of the Ulna, by Dr. Oscar H. Allis; on Urethral Fistula Treated by Means of the Elastic Ligature, by Dr. John H. Packard; and on the Metric System, by Dr. Hugh Hamilton.

Of the county reports, those of Allegheny, Centre, Lehigh, Mercer, Montgomery, Northampton, Philadelphia and Schuylkill are most full. They contain a large body of good material.

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OUR CONTRIBUTORS IN 1877.

A review, even a brief one, of all the original communications to this journal during the past year would be quite too lengthy for an editorial. It will be of interest, however, to mention some of the more prominent of them, in order to illustrate by this imperfect survey how extensively the various branches of practical medicine have been enriched through the medium of the REPORTER.

Probably, of any one department, that of Gynecology has received the largest share of attention from writers for this journal in 1877. Thus, we may enumerate the lectures of Dr. WILLIAM GOODELL, on Prolapse of the Womb (January 6), on the Radical Treatment of Uterine Cancer (March 10), and on Laceration of the Perineum (March 31); those by Dr. W. B. ATKINSON, on the Forceps (March 3), and on the Care of the New-born (June 16); as well as the various clinics of Dr. T. GAILLARD THOMAS and other teachers. The articles by Dr. GEORGE BOYLAND, on Medico-Legal Obstetrics (September 1); by Dr. GEORGE B. FUNDENBERG, on Carcinoma of the Uterus (March 31), and on Promoting Post-partum Uterine Contractions (July 28); by Dr. R. S. SUTTON, on Cases Treated by Bilateral Division of the Cervix Uteri (June 2); by Dr. A. H. SMITH, on Retarded Dilatation of the Os in Labor (August 1); by Dr. TAYLOR, on Changing the Vertex from an Occipito-Posterior to an Occipito-Anterior Position (November 17); and by Dr. C. C. SCHUYLER, on Lister's Antiseptic Method in Ovariotomy (April 21), all deserve to rank among the more important contributions to this branch of medicine which have appeared during the year.

The associated branch of Diseases of Children has also occupied the pens of a number of writers. We may specify, among the principal articles in this department Dr. W. SINKLER'S paper on Infantile Paralysis (March 10); Dr. LARRABEE'S lecture on Croup of Traumatic Origin (March 31); Dr. DRYSDALE'S very careful study of Diphtheria (March 17); Dr. JOHN H. PACKARD'S paper on Tracheotomy in Croup (September 29); and Dr. B. R. HAMILTON on Diphtheria (April 28).

On Diseases of the Nervous System we have, besides the very original and striking clinical lectures from Dr. S. WEIR MITCHELL, a careful communication from Dr. G. W. GERHARD, on Tremor as a Symptom of Nervous Disease; a series of papers on Epilepsy, indicating great research, by Dr. C. C. VANDERBECK; and one by Dr. CHARLES CARTER, on The Effect of Climate in Nervous Disorders. The subject of Hay Fever, now regarded as a neurosis by many, is discussed by Dr. J. E. BELL (December 15), and a curious case of Nervous Irritation from Teething is recorded by Dr. A. BLUMBERG (Nov. 24).

On the prominent subject of Phthisis, we may refer to the admirable clinical lectures of Dr. LOOMIS; to the series of letters on Climate and Travel in the Treatment of Consumption, by the late Dr. R. M. TOWNSEND, who, it is sa to add, fell at length himself before that formidable disease; to the entertaining description of New Mexico as a Health Resort, by Dr. J. J. Jones (Sept. 15); and to the observations on Stone-dust as One of its Causes, by Dr. R. M. Sabin (July 21).

In Surgical Specialties there have appeared quite a number of articles of marked ability.

For example, on Diseases of the Eye, we may note Dr. C. M'Intyre on Strabismus (Jan. 6); Dr. Risley on Conjunctival Diseases (Feb. 17); Dr. Castle on Asthenopia (Sept. 8); and Dr. Landesberg on Sympathetic Ophthalmia (Sept. 22); while on the Ear, Dr. L. Turnbull's communication on Diseases of the Tympanum (March and November) are prominent.

Dr. L. A. Sayre's admirable lectures on Phimosis from Præputial Irritation, on Pott's Disease of the Spine, on Chronic Inflammation of the Joints, and allied topics, are no doubt fresh in the memory of all readers.

Syphilography has received several notable contributions, as the paper on Chancres, by Dr. W. G. Porter (Jan.), and that on the Treatment of Syphilitic Ulcers, by Dr. Beardsley (April 21).

The articles by Dr. S. W. Gross, on Sexual Debility and Impotence (May 5), and by Dr. H. C. Wood, on Sexual Exhaustion (December 22), have thrown new light on these frequent disorders.

In the general subject of State Medicine we might specify the discussion of the Metric System, by Dr. C. Carter, Mr. A. B. Taylor, and others; the articles of Dr. Crothers, on Inebriety (February 17, May 12, July 21), and that of Dr. F. Horner, on the Naval Medical Service. Of special prominence is the long and able paper on the Legal Prevention of Venereal Diseases, by Dr. Swayze (October).

Nor should we close without referring to the report on the Use of Kumyss in Moscow, by Dr. Stahlberg (August 25); to the article on Jaborandi, by Dr. A. B. Tadlock; to the several communications on Electro-Therapeutics, by Dr. C. K. Mills and others; and to the description of the Extirpation of the Lower Rectum in Cancer, by Dr. John B. Roberts (June 9).

While but the small minority of the original contributions to science published in the Reporter during 1877, are rehearsed in this review, we have cited enough to show luminously the large diversity and high character of the communications to its pages, and we do this quite as much in justice to our readers as to the journal or to its contributors.

NOTES AND COMMENTS.

Sulphurous Acid in the Treatment of Abscesses.

At a recent meeting of the Clinical Society of London, Mr. Osman Vincent described a method by which he had opened eighteen lumbar abscesses without a fatal result. The abscess was first opened and then injected with a solution of equal parts of sulphurous acid and water, after which a poultice was put on. Next day the injection was renewed and some tenax applied. The treatment went on till the cavity healed up. The injection sometimes gave pain. Sometimes the fluid returned clear, and at other times black. When sulphurous acid was injected, it acted upon the pyogenic membrane, and then pus did not reform.

Routine Cauterization of Supposed Venereal Sores.

Dr. W. A. Hardaway, of St. Louis, justly criticises, in a recent article in the *Clinical Record*, the routine habit of cauterizing every suspicious sore. He says:—

Chafings, abrasions and herpetic eruptions give rise to very annoying doubts sometimes, and this arises in great measure from the vicious habit, not alone confined to the laity, of touching every suspicious point with caustic. If untouched in the beginning, these insignificant lesions heal in a few days under the most simple dressings; but the slightest cauterization, especially of herpetic vesicles, I have seen occasion most obstinate and persistent ulcerations, and when thus disguised by officious and useless interference, their real origin remains a question of uncertainty for weeks.

Carbazotate of Ammonia.

Dr. Beaumetz, of Paris, has reported, lately, six cases treated with this substance. Case 1. Quotidian ague: recovery after four days' treatment; daily dose, from one to two centigrammes of the substance in pills. Case 2. Quotidian ague (sulphate of quinine having been given without effect): complete recovery after five days; five pills used. Case 3. Tertian ague: recovery after eight days; two pills a day. Case 4. Quotidian ague: recovery after eight days. Case 5. Facial neuralgia; speedy recovery. Case 6. Tertian ague (sulphate of quinine has been administered during seventeen days with no result): completely cured after the administration of six centigrammes (about one grain) of the salt for two days. Like quinine, carbazotate of ammonia diminishes the state of the pulse, and brings on heaviness, cephalalgia, and even delirium, and is eliminated by the kidneys. These experiments have again been repeated by Dr. Dujardin-Beaumetz, with similar results.

The Albuminate of Iron.

This preparation was strongly recommended by Demarquay in chlorosis and anæmia. It is said to be more readily absorbed than any other compound of iron. It was first proposed by Lassaigne, under the name of albuminate of iron and potassium, and is prepared as follows: A solution of 100 parts of white of egg is precipitated by 36 parts of a solution of ferric tersulphate, specific gravity 1.036; to the mixture is added a solution of two parts of caustic potassa dissolved in 50 parts of water, whereby the precipitate previously formed is re-dissolved and an orange-yellow solution is obtained, which is made into a syrup by the addition of one and a half times its weight in sugar. The finished syrup contains one per cent. of anhydrous ferric oxide.

Goa Powder in Psoriasis.

In the *Indian Medical Gazette* Dr. Theobald Ringer reports the cure of a patient who had suffered for a year and a half from obstinate and intractable psoriasis by the use of goa powder. After all kinds of treatment had been tried in vain, the diseased parts of the body were gently rubbed with water by means of a small piece of sponge, and while wet a little of the powder was applied with the finger. This was repeated every morning, and within a fortnight the disease had disappeared. For the first few days the patches assumed a white appearance in the centre, surrounded by a circular rosy areola, with irritation of skin; but a temporary cessation from the treatment induced a healthy appearance of the tissue.

The Death of Pongo.

Pongo, the only gorilla ever brought to Europe, died recently at Berlin. The body was dissected by Professors Virchow and Hartman, in the presence of several eminent Berlin physicians, and it was ascertained that the sudden death of the animal was caused by acute inflammation of the bowels—the same disease which carries off young children so rapidly. The dissection explains the cause of his previous illness, and supplies valuable information with regard to the treatment of anthropoidal apes. The button of a glove, iron wire, and pins were found in the animal's stomach.

Nourishment in Disease.

This subject came up for discussion at a meeting of the Rhode Island State Medical Society last month. Dr. Garvin gave his opinion that fever is partial death, hence nourishment is necessary, and the question which arises is, what is the right kind of nourishment for patients suffering with fever? That which is immediately absorbed from the stomach or bowels is without doubt the best; beef tea or broth may be administered with good results, or with the young milk is very beneficial. Patients generally desire liquids rather than solids; they also like ice, but it is better in giving medicine to induce the patient to take it rather than force, although in some instances it is necessary to use compulsion.

Dr. Greeley did not believe in forcing food on patients sick with fever, as it was often attended with disastrous results. In his practice he had never given food until the patient wanted it; he had administered water and other drinks when it was needed, and had lost but few cases of typhoid fever.

The subject was further discussed by Dr. Stanley, who believed that milk was beneficial to be administered to patients sick with fever. It was nutritious and strengthening, and as long as it continued to help the patient he would administer it in as large quantities as the patient desired.

The doctor's remarks seemed to meet the

approbation of the meeting, being received with loud applause.

Dr. Whitney was not so strongly in favor of the use of milk with patients. He had used it, and in some cases to disadvantage. He considered water better than milk. In one instance, where one of his patients could take hardly anything into her stomach, he administered butter, which worked favorably.

Dr. Wiggin supported the milk theory, and related an instance in the case of a colored patient with typhoid fever, who drank six quarts of milk daily, and recovered from his illness.

Phenicated Camphor in Diphtheria.

Dr. Souley lately called the attention of the Société de Thérapeutique, of Paris, to the great utility of this substance as a local application in those cases of diphtheria in which the deposits of false membranes constitute the initial and chief phenomenon—the danger arising from the steady and rapid propagation of these membranes, or the ulterior intoxication of the economy. Under the contact of the phenicated camphor the pseudo-membrane seems to lose its vitality, without that irritation of surrounding parts being produced, whether of the skin or mucous membrane, which is almost always caused by the various solid or liquid topical applications now in use. The solution employed by Dr. Souley is formed by dissolving powdered camphor in crystallized carbolic acid previously dissolved in alcohol (nine parts of the acid and one of alcohol), and which may be employed either in its pure state, or mixed with equal parts of sweet almond oil. He related four cases in support of this mode of treatment.

The Progress of Surgery.

Dr. Robert McDonnell, President of the Royal College of Surgeons, Ireland, strikingly illustrated in a recent address the rapid advance of modern surgery. He says, taking an actual case—A patient has a tumor about the size and somewhat the form of a large lemon, in front of the right wrist joint. An anæsthetic is administered until she is profoundly insensible. Esmarch's bandage is applied. During the operation, the ulnar and median nerves, which are closely adherent to the tumor on each side, are dissected off. There is not one drop of blood to obscure the steps of the proceeding. After the Esmarch's bandage is removed some vessels are secured by torsion; the wound, having been sponged with a solution of chloride of zinc, is closed by carbolized catgut sutures and dressed antiseptically; after a time a hypodermic injection of morphia is given; she rests well that night. Each dressing is done under carbolized spray; neither the pulse nor temperature ever rise above the natural standard; the wound did not heal by the first intention, but I can honestly say that during cicatrization there was not a drachm of pus formed.

Could Ambrose Paré—but I need not go so far back—could Sir Astley Cooper rise from his grave and stand by on such an occasion, what would be his surprise? An operation, painless, bloodless, feverless, and almost without suppuration.

Curara in Hydrophobia.

There seems little doubt but that curara is sometimes efficient in hydrophobia. Since the case of Dr. Watson (*American Medical Journal*, July, 1876), another case was treated by Dr. Polli, and an abstract of it appeared in *Le Paris Méd.*, May 17, 1877. A child, twelve years old, had been bitten by a rabid dog eighty days before the manifestation of the hydrophobic symptoms. Subcutaneous injections of morphia and chloroform inhalation having been tried without success, curara was injected subcutaneously on seven different occasions within the short space of five hours and a half. During this period twenty centigrammes (three grains) of curara were injected. The hydrophobic symptoms quickly subsided, being replaced by paralytic phenomena of a very pronounced character. Two days subsequently some renewed hydrophobic symptoms were completely banished by a fresh injection of three centigrammes (nearly half a grain) of curara. The child slowly recovered.

In Dr. Offenburg's case (*Medical Times and Gazette*, October 6), where characteristic symptoms of rabies manifested themselves in a woman aged twenty-four, eighty days after she had been bitten by a rabid dog, the subcutaneous injection of one-third of a grain of curara at intervals of fifteen minutes at first, and subsequently at intervals of an hour, resulted in the cessation of the hydrophobic symptoms, and the supervention of general paralysis, rendering artificial respiration necessary. In this case, within the space of four hours and a half, seven injections were used, representing altogether nineteen centigrammes (nearly three grains) of curara. On the evening of the third day renewed hydrophobic symptoms, which had assumed a serious aspect, were permanently controlled by one other injection of curara.

Animal Dynamics.

The law of equivalence in animal dynamics, as laid down by Dr. Mayer, of Heilbronn, was explained with his usual lucidity by Professor Tyndall in a recent address. The muscle and fat of the body are derived from the food, and animal heat is derived from their combustion by combining with the oxygen admitted by the lungs. When the muscles are inactive, slow combustion goes on; and for every grain of carbon burned, a perfectly definite amount of heat is produced. When the muscles contract, the combustion is quickened, and the additional heat is liberated in the muscles themselves. If external work be done, as in lifting a weight or hammering a nail, the heat is no longer developed in the body, but transferred to the weight lifted or the raised hammer, and is liberated when they fall, and the heat thus liberated is exactly equal to the combustion inside the body. Thus the body is an apparatus efficient beyond all others in transforming and distributing the energy with which it is supplied, but it possesses no creative power. A man weighing 150 pounds, by the consumption of a single grain of carbon can lift his body to a height of eight feet, and by the consumption of two ounces, four drachms, twenty grains, to a height of ten thousand feet. Mayer maintains, against Liebig and others, that the muscles in the main play the part of machinery, converting fat into the motive power of the organism. He saw that neither nerves nor brain possessed the energy necessary to animal motion, and believed they held fast or let loose muscular energy as an engineer, by the motion of his finger in opening or closing a valve, liberates and controls the mechanical energy of a steam engine. "These views are," says Professor Tyndall, "now universally entertained."

The Russian Medical Service.

It is officially stated that an applicant for the post of surgeon in the Russian army must be a graduate of a medical school of Russia. He must be able to pass a severe examination before a board of the medical staff of the army, must speak and write the Russian language, and in receiving his commission must swear allegiance to the Emperor of Russia to the exclusion of any other allegiance or citizenship.

CORRESPONDENCE.

Should our Medical Colleges include Veterinary Science in their Curriculum?

ED. MED. AND SURG. REPORTER :—

When once the medical treatment of animals is taught along with that of man, the profession of veterinary surgery and therapeutics will take rank with the other branches of medicine, and men who will add the stamp of social dignity to that of scientific acquirement will enter the profession. It will then be no longer *infra dig.* for the isolated country practitioner to widen his sphere of usefulness (and fees) by treating the domestic animals of his constituents, on which so much of the wealth of the nation depends. To veterinary science and art there are many branches; some specialties, perhaps, are peculiarly adapted to American women, such as the diseases of poultry; and doubtless American inventive genius will be stimulated to the production of many important mechanical appliances not yet thought of. With a wide-spread class of trained, scientific and intelligent students of animal pathology, we may hope to treat successfully the morbid conditions of our animals. The Granger will congratulate himself when his special interests and needs are thus finding recognition at the hands of the most conservative of our institutions of learning.

A strong argument in favor of combining the teaching of veterinary science with the curriculum of our medical colleges is, that veterinary colleges in the United States have never been successful; when set in operation they have generally had a sickly existence and (to use a cant word) "fizzled" out in a few years. Isolated professorships at agricultural colleges cannot be expected to do that which a corps of a dozen or twenty trained teachers, surrounded with all the costly appliances of their art, can accomplish. In Europe, veterinary colleges have been established, and the ground is there occupied; so that the medical colleges could not, without seeming to intrude or trespass upon vested rights or immunities, create a veterinary department. In this country, fortunately, the way is clear; there are no institutions to interfere with the natural combination of the teaching of this branch of medical science with the coördinate branches. In this country, then, we may hope that the whole of medical teaching may find its congenial home under one faculty, never to be dissociated, and each branch add strength and symmetry to this beneficent science. HORACE J. SMITH.

George's Hill, Philadelphia.

NEWS AND MISCELLANY.

Medical Society of the District of Columbia.

On Thursday, December 20th this Society celebrated its sixtieth anniversary. The chairman of the committee of arrangements, Dr. Toner, delivered an address reviewing the history of the Society, and introduced the orator of the evening, Dr. A. Y. P. Garnett. He gave a rapid glance at the history of medical practice and schools of medicine, ending with a highly interesting account of the straits to which the Confederate surgeons and physicians were reduced during the war by the enforcement of the Federal blockade, which partially deprived them of their supplies. The physicians, cut off from their accustomed vegetable drugs, substituted indigenous plants with great success. He complimented them for successfully battling with the emergency, and also complimented the surgeons for devising new methods of practice, made necessary by the blockade, particularly Professor Campbell, for a valuable discovery, which he described. He closed with a tribute to the present high character of the profession generally, and the improvements in the science of medicine due to them.

West India Cinchona Plantations.

We observe in an English newspaper that the cinchona plant has been introduced into the West India Islands, and promises to become a remunerative industry; the first seed was planted in Jamaica in 1860, and, according to recent advices, the plantations of cinchona now cover 300 acres, containing about 80,000 trees. These have been favorably reported upon by competent chemists, and the most advanced trees are stated to be at the present time worth £1 each; it is further estimated that in the course of a few years their value will be doubled, on account of their increased size and the corresponding value of the bark arising from the increasing development of the alkaloids it contains. The cinchona has become so naturalized that hundreds of thousands of seedlings are said to be growing over the fields. The introduction of the tree is ascribed to the Government, to whom, as yet, all the plantations belong; but the report adds that no doubt private enterprise will now step in, seeing that large profits are likely to result from the successful undertaking.

Personal.

—The English journals announce the death of Mr. James F. Marson, for forty years resident surgeon at the Small-pox and Vaccination Hospital, Holloway. Mr. Marson has long been known as one of the highest authorities in this country and in Europe on the subject of vaccination and small-pox.

—Our foreign exchanges report the murder, last month, of Dr. Girsztowt, Professor of Surgery in the University of Warsaw. Being the editor of a medical journal (the *Gazeta Lekarska*) and of other works, he had a private printing office. One of his compositors, being dismissed on account of misconduct, determined on revenge, and, having gone to Dr. Girsztowt's house, entered his room and fatally stabbed him with a cook's knife in the left thigh, just below Poupart's ligament.

QUERIES AND REPLIES.

The Model Plan.

Mr. Editor:—I observe, in a recent lecture of his at Bellevue Hospital, Frank Hamilton speaks of the "model plan," or the "long straight splint" in use in the Confederate army for fractures of the thigh. Will some of the readers of the Reporter give us a little more light regarding this "model plan" of dressing? L. Redmon, m.d.

Lanesboro, Minnesota, December 26th, 1877.

OBITUARY.

DR. NINIAN PINCKNEY, U. S. N.

A dispatch from Baltimore announces the death of Dr. Ninian Pinckney, at his residence in Easton, Md., on the 22d ultimo, after a brief illness. Dr. Pinckney was a native of Maryland, and entered the Navy in 1834. He served nearly forty-three years; fifteen of which he was at sea, twelve on shore, and sixteen unemployed. His last cruise was made in 1865. At the time of his death he held the commission of Medical Director, with the rank of Commodore, date March 3d, 1871.

MARRIAGES.

Johnson—Price.—On Thursday, December 13th, by Rev. J. F. Elder, Dr. Russell H. Johnson, of Philadelphia, and Grace H., daughter of Wm. M. Price, of this city.

Ludzly—Wills.—In St. Stephen's Church, on Tuesday evening, December 18th, by the rector, Rev. Lewis Walke, Z. P. Ludzly and Mary E., daughter of Dr. S. E. Wills, all of Cecil county, Md.

West—Clapp.—On December 5th, 1877, at Second Presbyterian Church, Memphis, by the Rev. Dr. W. E. Boggs, Dr. A. M. West, of Holly Springs, Mississippi, and Miss Eva, daughter of Hon. I. W. Clapp, of Memphis, Tennessee.

DEATHS.

Bullus.—Thursday, December 20th, Eliza Ann, widow of Edward Bullus, m.d., and daughter of the late Thomas Ellison.

Dodge.—Dr. D. G. Dodge, ex-member of the Assembly, and for several years the superintendent of the New York State Inebriate Asylum at Binghamton, died at Rouse's Point, New York, December 30th, 1877.

Hartt.—On December 17th, Maggie F. M., the beloved wife of George Le Baron Hartt, and daughter of Henry A. Hartt, m. d.

Lea.—At his residence in the city of Jefferson, Texas, December 23d, 1877, at 10 o'clock p. m., Dr. Edward Lea, in the forty-eighth year of his age.

Moody.—At Plainville, Conn., Dr. G. A. Moody, of rheumatic carditis, in the fifty-seventh year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP
OF
TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1867. Prize Medal. — **1868.** Silver Medal. — **1872.** Gold Medal. — **1873, VIENNA.** Medal of Merit.

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

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Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS
OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Blancard

Pharmacien, No. 40 Rue Bonaparte, Paris. without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,
NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses,* without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly* ; the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say :—

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN, June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health,
and Sec'y and Treas. Medical Society of Va."

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"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

☞ *Price-Lists and Descriptive Catalogues furnished upon application.*

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

REMARKS ON DIPHTHERIA AND INFLAMMATORY CROUP.

Paper read before the Philadelphia County Medical Society, November 28th, 1877,

BY J. CHESTON MORRIS, M.D.

GENTLEMEN :—In responding to the invitation of your committee, to read a paper before you at this time, it seemed well to me to seize the opportunity to endeavor to put upon record the views—on the subject of the alleged identity, or even relationship of the two diseases I propose for this evening's discussion—of those among us who have fought them both, while we are yet hale and hearty, and the memory of bygone hours of anxious watching has not yet faded away. The old lines of thought are fast becoming obliterated; the old terms in which we were wont to express the results of our observations are even now rarely heard among us in consultations; new terms and new ideas are taking their places. So it ever has been and ever must be, while medicine is a progressive science, until we have solved (if that day ever shall come) all the problems of life and death, of health and disease. So the views of Cullen and Brown, of Morgagni, Vanswieten and Bœrhaave, of Munro and Alison, of Andral, Louis, Broussais, of Rush, Chapman, Wood, Mitchell, Pepper, of Virchow and Niemeyer, have successfully presented themselves, like waves on the ocean of truth; they have acted on our minds, and left more or less permanent marks, like those of the receding tide upon the sands; marks of nomenclature which the succeeding medical geologists will have to decipher. For after all, truth, ever old, is ever new; what is now is the result of what has been in past ages; and the same forces are at work evolving the future. I think no one can be a careful reader of medical natural history without concluding that man, as a species, is capable of a certain amount and range of development downward, as well as upward; that he is liable to certain kinds of disease which may vary in form and virulence, from age to age, with varying life conditions; but that, after all, we are treating the same diseases as did Hippocrates, Celsus and Galen; that we express our views as they did theirs, in the language of our times; that while, to be sure, our means of investigation and of treatment are vastly superior to theirs, yet their method of study and close observation of their patients must command our admiration, especially as to the natural history of disease, the source whence we are to draw our best indications for treatment, if our business is, as Watson expresses it, to "obviate the tendency to death." But conditions under which we live change from time to time, and hence the same disease may manifest itself with varying features. Such, doubtless, has been the case with croup and diphtheria. And I shall be very glad if what I shall say shall call out an expression of opinion and record of their experience, from many of you who doubtless have seen more than I have, both of diphtheria and true croup. Let me commence, then, by trying to draw a picture of a typical case of each.

Three years ago, November, 22d, 1874, I was called to see Theodore S., aged 5 years, who was taken with sore throat, chill, and slight fever. The child suffered with dyspnœa, pain, and difficulty in swallowing; the fauces had a purplish, congested appearance at first, and soon became covered with an ashy-greyish-white exudation; the mucous membrane was tumefied, and the distress of the little fellow in endeavoring to breathe was painful to witness. His pulse had, from the outset, a frequent, feeble, gaseous, character, and all his symptoms pointed to an exhaustion of his vital powers. Quinine and iron, beef tea and milk punch, chlorate of potash, internally and locally, utterly failed, and he died in two days. The disease had been taken from his sister, who had died the week previous, after three days' illness, having just previously returned to her home in a neighboring town, in apparently perfect health, from a visit to New York, where the disease was raging at the time. Her body had been brought here for interment, and I shuddered with apprehension for what might and did happen, when I was present at the funeral, and saw the open coffin surrounded by young and old. This funeral was on a Wednesday; her little brother's followed that day week. Three other severe cases occurred at the same time in the same house, but recovered. How many of us have seen similar things? But what happens in less severe cases? Not only do we have a chill followed by fever, with frequent, feeble pulse, and swollen purplish throat pasted over with deposit, but there is a mottling of the skin, or even a rash resembling that of scarlatina, but darker-colored and coarser, followed by partial desquamation, frequently about the tenth to the fifteenth day. The urine dark-colored, albuminous or even bloody, and showing tube-casts; and after the throwing off of the deposit in the throat, a purplish condition of the fauces, followed often by partial or complete paralysis, which may extend even to hemiplegia; while dropsy and acute articular rheumatism are no infrequent sequelæ. The analogy of such a disease with scarlatina is too obvious to need comment; it is evidently one of the zymotic group: we find contagion, a period of incubation, general symptoms of blood poisoning, and local inflammations, followed by sequelæ which may or may not correspond in severity with the onset of the disease.

In inflammatory croup how different the symptoms and history? Two years ago, November 19th, I was sent for to see a child, aged five and a half years, who, after suffering with catarrh for a day or two, was taken suddenly, during the night, with intense difficulty of breathing, harsh, ringing, croupy cough, and suppressed voice. The face was red and congested, the pulse full and hard, the skin hot, the fauces swollen and red, with white membranous deposit. But soon the scene changed, the pulse became feeble and thready, the skin cold, leaden, and clammy, and the child died before morning. Possibly she might have been saved by tracheotomy, but the circumstances and surroundings were such as to preclude its employment. Such cases, too, doubtless, many of us have seen; nay, more, I can recall to mind a family in which three out of four children perished in the space of a few weeks with such symptoms; a family of the name of J., living in Fifteenth street, near Lombard, some twenty-five years ago. Why might not these have been cases of a contagious disease, such as I have just shown diphtheria to be? Because there was no evidence of it in the character or course of their symptoms—no blood-poisoning, no period of incubation, no contagion. There was local inflammation of a certain grade, there was the struggle of the system, and the consequent exhaustion of the vital powers. Then, again, we have seen cases of membranous croup recover, the casts thrown up, and formed again and thrown up repeatedly. But who ever saw a case of membranous croup followed by such sequelæ as paralysis, or dropsy, or rheumatism? The natural history, therefore, of the two diseases presents a marked contrast; not less does our treatment of them. What man in his senses would bleed or leech a patient with the frequent, feeble pulse of diphtheria? or crowd in calomel, or use emetics? Yet this is the treatment used by experienced practitioners, and recommended by eminent pathologists, for croup. Or which of us would pour down iron, quinine, milk punch, and every available stimulant, if we found a patient with full, hard pulse, hot skin, and lungs and heart gorged with blood demanding air which he could not inhale from obstruction in the windpipe?

I know that I have only spoken of typical cases; that there are many which do not present such symptoms that we can at once recognize them; that after the first inflammatory symptoms of croup have passed, and we are called to see a feeble child sinking from the effects of the struggle through which he has been passing, we may be in doubt sometimes; but a careful study eliciting the history of the case will leave no doubt; it is important that it should be made, for treatment must depend upon it.

In reviewing my experience, beside the J. family mentioned above, I can recall one case of membranous croup (in which tracheotomy was performed, unsuccessfully, however, by a distinguished surgeon), in 1853; and another, C. H., in which the membrane was dislodged, and recovery followed; these were all seen by me as a student. Since then, I have seen one fatal case in 1856, one in 1860, which recovered, and one in 1875, given above. As a large number of families have been more or less constantly under my care or observation, from 1854 to the present time, I can but regard membranous, or true inflammatory croup, as a rather rare disease among us. I may add that during the past fifteen years I have not been so frequently called as before to cases of ordinary or catarrhal croup, as previously. This is due, I think, not only to the true pathology and treatment of the latter being more widely understood, so that the parents relieve the little sufferers by a timely dose of ipecac before sending for the doctor, but in a great degree to the changes in the mode of dressing children, so as to protect them better from cold, and in the heating of the whole house equably by hot-air furnaces, instead of the old plan of keeping the children during the day and evening in hot, stove-heated nurseries, and then removing them to cold sleeping rooms. How many children have thus been "hardened" into their graves! But, in connection with this, I must mention that in the case treated successfully in 1860 I was struck with the excessive *dryness* of the air of the room in which the child was, and consequently ordered a large pan partly filled with water to be kept before the register; in less than two hours I had the satisfaction of seeing the membrane which I had vainly tried to dislodge by alum and other emetics, loosened and discharged. May not the *dryness* of the air inhaled in highly-heated rooms have much to do in causing this disease? *Per contra*, the child seen in 1875 lived in a damp house, only two rooms of which were heated by a range and stove; the cellar was flooded after every rainfall by the overflow from a neighboring lot, and from a cess-pool; circumstances which, added to the impossibility of proper subsequent care, from distance of the patient, deterred me from attempting tracheotomy.

I have purposely refrained from alluding to the literature of the subject or touching more than incidentally on the treatment of the two diseases, preferring rather to call attention to what seems to me the marked difference in the ensemble of symptoms and character presented by them, whence, of course, must follow the difference in our mode of meeting them. One word, however, I may be permitted to add with reference to tracheotomy. Frequently and early employed abroad, and, as alleged, with great success, it has not in this city been found equally so. Perhaps we hesitate too long; perhaps, and this may explain partly the difference, cases of diphtheria have been mistaken for cases of true croup. Tracheotomy may undoubtedly be useful in diphtheria, but only by relieving the dyspnœa; the diseased condition of the blood remains to be combated. In croup also (if no membranes are formed below the opening) it relieves the dyspnœa; but the essence of the disease being the peculiar inflammation of the throat and air passages, means and time to employ them are thus afforded us, which ought to yield good results.

Thus we see that modifications in our mode of life produce a change in the diseases which attack us. We sometimes hear of cycles of disease, of periods when all diseases require bloodletting, and of other periods when they all require stimulation. And the reproach is flung at us that we doctors are simply led by the fashion of the times. No doubt there is too much truth in this accusation; it is so much easier to do as everybody else is doing than to think for yourself. But could there be any clearer proof of the effect of changed modes of living upon the types of diseases than that afforded by the relative frequency and fatality of croup among us now and formerly? And it seems to me that the two cases I have alluded to (that in 1860 and that in 1875) will help us to an understanding of the causation of the disease. The former was in a house the front room down stairs of which was used as a store, was open to the street and often cold and damp. From this room the child went frequently to the hot dry air inside. The alternate action of these two kinds of air produced, I believe, the disease in her.

The other child we should at first suppose would rather have been exposed to some typhoid or malarious infection, from the condition of the cellar; this, however, proved not to have been the case. But we have here, also, the same alternation between the dry, hot air of the kitchen and sitting room, and the cold, damp air of the rest of the house. Thus we see that, not diseases, but *tempora mutantur et nos mutamur in illis.* Could we investigate more thoroughly the circumstances and modes of life under which the great pathologists whom I alluded to made their apparently widely-differing records of observation on disease, we should probably be able to trace connections with what we observe to-day which are now obscure to us; and many an apparently new foe would be found only to be an old enemy under a different mask. Thus the "putrid sore throat" of Fothergill would be identified with what we now call diphtheria, while the "pseudo-membranous laryngitis" of Rilliet and Barthez would be, as they say, identical with our inflammatory croup. I may be permitted here to allude to another form of disease of the throat, to which I have been in the habit of applying the term *diphtheritic*, to distinguish it from true diphtheria—a disease characterized by some herpetic patches about the mouth, inflamed fauces, covered with little patches of white exudation, which gradually coalesce into a membrane, accompanied with fever, requiring at first local alterative, and afterward roborant treatment. This is a disease much less grave than true diphtheria, and rarely followed by severe sequelæ, but capable of being prolonged almost indefinitely by neglect, and is, I believe, communicable. Whether it is capable of producing true diphtheria, or affords a suitable nidus for the germs of the latter, is a matter for future study. It yields promptly to iron, chlorate of potash and quinine. Another condition, to which I have applied the term *diphtheroidal*, may often be noticed during an epidemic of diphtheria, characterized by a purplish, swollen condition of the fauces, some mottling of the skin, and general languor or debility. It would seem to me to bear much the same relation to diphtheria as varioloid does to variola. It is difficult to determine whether one attack of diphtheria does or does not "protect" the system from subsequent attacks. If it does, the exceptions are apparently much more numerous than those occurring among other members of the exanthematous group; though the question may be asked whether the above described conditions of diphtheritic and diphtheroidal disease have not been confounded with diphtheria, as varicella has been with varioloid and variola; or again, whether the diphtheroidal throat is not analogous with the sore throat so often felt by those attendant upon patients suffering with scarlatina; or again, whether it is not an abortive form of diphtheria. I have lately seen an analogous case which I believe to have been one of abortive varioloid, the symptoms being a severe chill, preceded by the usual prodromata, followed by slight fever and an eruption of papules on the third day, which became slightly vesicular on the fifth day, but then gradually dried up without going on to the distinctive umbilicated condition. The patient, a woman of sixty-eight, had been thoroughly vaccinated six or seven years ago, and had been repeatedly exposed to variolous disease at various times without contracting it, thus showing that her system had been well, almost perfectly, protected. Vaccination of the family in which she resided showed an unusually successful result in every instance except that of a child three years old, vaccinated by me rather more than two years ago. If this hypothesis—that diphtheroidal disease is only the result of the prevailing epidemic influence on those partially protected, whether by a previous attack of diphtheria or a want of constitutional liability to it—should prove true, it would show another point of resemblance between diphtheria and the rest of the class of zymotic exanthematous diseases, among which I would unhesitatingly place it, while true croup, or pseudo-membranous laryngitis, should be considered as a specific, non-contagious, inflammatory disease.

REPORT OF A FEW CASES IN THE GERMAN HOSPITAL OF PHILADELPHIA.

BY A. H. MELLERSH, M.D.,
Resident Physician.

Case of Fracture of Cervical Vertebræ.

Henry P., aged 24 years, was admitted August 22d. He had fallen backward from a window which was fourteen feet from the ground, and struck upon the back of his neck. He fell upon some loose bricks.

On admission there was found to be complete sensory and motor paralysis, extending from the fifth cervical vertebra downward. The muscles responded to the battery; the fæces were passed involuntarily, but there was retention of urine, and he was unconscious of the introduction of the catheter. The respiration was entirely diaphragmatic. He expressed himself as feeling "first rate," and the appetite was good. There was constipation with excessive tympanites, which was only relieved by active cathartics and enemeta. The temperature in the mouth gradually rose to 103, the temperature in the axilla and of the extremities being below normal. Wet cups followed by ice were applied to the spine. On the third day he complained of something in his throat (evidently a sensation due to paralysis of the fauces), and he had some difficulty in swallowing, and articulation was somewhat interfered with, but in other respects he felt pretty well, talked cheerfully, and had no idea of his critical condition.

On the fifth day a partial and very incomplete sensation returned to the upper extremities, but the paralysis of motion continued complete. Some delirium was now observed, which was followed by epileptiform attacks, which were not well marked, on account of the paralysis. These symptoms increased till the time of death, which occurred on the tenth day after admission.

The immediate cause of death appeared to be due to the interference with respiration, owing to the paralysis of the scaleni and intercostals, and no doubt increased by the pressure of flatus on the diaphragm.

Sectio Cadaveris.—The fourth and fifth cervical vertebræ were found to be fractured through the lamina, and the spinous processes to be driven in upon the cord, which was quite disorganized at this point. The softening extended as far as the decussation of the anterior columns; there were also evidences of some meningitis.

This case needs no comment but to point out how little the mind was affected with so severe a lesion of the cord in such close proximity to the encephalon.

Venesection in Cerebral Congestion.

The following case presents some points of interest. John M., aged 29, laborer, a very muscular man, while laying some water pipes in Poplar street, was buried by the falling of the side of the excavation. It was fifteen minutes before he was extracted. For the first five minutes he is said to have been in a comatose condition, after which time a violent delirium set in, with tonic and clonic convulsions, somewhat resembling an attack of epilepsy; in this condition he was admitted to the hospital. The pupils were widely dilated, some paralysis of the buccinators existed, he was unconscious, and the convulsive delirium was so violent that it was with difficulty he was kept upon the bed. There was a contusion on the back of the head, at the junction of the occipital and parietal bones on the right side.

The delirium lasted for three hours, and the symptoms in no way abating, about twenty-five ounces of blood were taken, with immediate and very marked relief to the patient, and after a mercurial cathartic he is now in a convalescent condition, with no bad symptoms.

The interest of the case centres in the fact of the existence of severe convulsive delirium, unconsciousness, dilated pupils, and paralyzed buccinators, resulting, as the sequel proved, from cerebral congestion and the asphyxiated condition in which the patient so long remained. This is also a fair example of a class of cases in which there is an imperative demand for the lancet.

Case of Encephaloid Carcinoma of Liver.

J. S., aged 56 years, was admitted on August 8th; his appearance on admission was healthy, with the exception of a sallow complexion. He had been complaining for a short time of pain in the right hypochondriac region, but on palpation nothing abnormal was discovered; his pulse and temperature were normal, but there was marked inertia of mind and body; he only answered in monosyllables when spoken too. There was hyperæsthesia of the whole body; he complained on being touched, even on the extremities.

The case was suspected to be one of malingering, but in the course of a week the liver was noticed to be enlarged; this enlargement continued to increase very rapidly till the time of death, which occurred thirty-eight days after admission.

For the last two weeks the temperature was below normal, being 97°. The urine was very dark, with heavy sediment, no albumen, no sugar, but with a trace of bile. Toward the last there were rapid emaciation and icterus. The treatment was palliative.

At the post-mortem the liver was found to weigh nine pounds, and presented ten or twelve large, circular, soft nodules, nearly white in color. The walls of the heart were soft and thin; the other viscera were normal.

Case of Depressed Fracture of Skull.

H. R., received a blow two days before admission; the case had been treated as a scalp wound.

On admission the patient walked into the ward, but was entirely without volition; he had to be led, and took no notice of what was passing around him; the pupils were normal, pulse 88, temperature 104°; a vertical wound was found over the left frontal eminence; four sutures were removed and a depressed comminuted fracture of frontal bone discovered, the depressed portion measuring one inch by one inch and a half, the long axis being in the line of the wound. There was ecchymosis of the left eye.

The morning after admission he got up, would answer no questions, but pushed the nurse out of his way.

The day after admission an incision was made at right angles to the wound, the trephine was applied by Dr. F. H. Gross, the external and internal tables were cut through, and a triangular piece of bone, one-third of an inch at the base, was removed, together with several large spiculæ of the internal table; the remaining depressed portion was elevated; on reaching the dura mater considerable effused blood and serum were discharged. The dura mater was dark and congested, rising and falling synchronously with the heart. An incision was made through the dura mater, and considerable blood and broken-down brain matter were discharged.

There was some tetanic contraction of the buccinators on the right side, none on the left side; deglutition was good. The temperature ranged from 102 to 105°; the pulse was in proportion to the temperature, but the respiration rose steadily, from 36 to 124. The man died five days after admission.

At the post-mortem the fracture was found just above the frontal eminence, and irregularly crescentic in form; the internal table was broken into several spiculæ which radiated from the fracture of the external table. There was a clot the size of a small egg beneath the cerebral convolutions, and there was softening extending down to the fourth ventricle and implicating the corpus striatum.

AMPUTATION OF THE UTERUS, WITH THE RIGHT OVARY.

BY J. M. JANES, M.D.,
Of Marshall, Ill.

Mrs. Stitch, a German lady, a resident of this country, some fifty years of age; of robust constitution and sound health up to within five years of this time. Married at about twenty-two years of age, and gave birth to two sons, one and three years after marriage, who grew to manhood, being of good constitution and health. Mrs. S. has been a widow fifteen years, and has menstruated regularly up to the present, with some peculiarities during her affliction. Some five years ago she noticed an unhealthy discharge from the uterus, and at times a pain in the back, with a sense of bearing down and dragging in the hypogastrium. Being of a diffident and timid disposition, would not speak of her trouble to her family physician. The symptoms gradually increased in severity, and during the last two years, from her statements, and that of the family, her sufferings must have been very great. At times there would be excessive hemorrhage, having no connection with the menstrual flow, which would weaken her very much, and her pain would be in the epigastrium, hypogastrium, and back.

On the 31st of July her suffering became so severe that she completely broke down, and wished medical aid called in. Being called for, I obtained a full history of her case. After a careful examination, I diagnosed her trouble to be a malignant ulceration of the uterus, and gave Mrs. S. my opinion that the only hope of relief, and probable cure, would be obtained by a surgical operation, and that if she would give her consent we would make the operation for her. She readily gave her consent. The next day, being the 1st of August, was set for the operation. In compliance with the arrangements, I visited her early, and found the house full of her lady friends, who were all the assistants she would allow me to have, except the priest, who, however, was absent. After placing her on an improvised table, and administering a dose of morphia and whisky, we etherized her, and placed her in the lithotomy position. With long tenaculæ, one on either side above, and one posterior, all well up, fastened securely on the sound part of the uterus and pointing to the centre, with the two upper tenaculæ we made steady traction, swaying gently right and left, an assistant drawing gently on the posterior instrument; in a short time we succeeded in bringing the entire uterus to the world, invaginating it through the vagina. We found the os all gone, and the womb to have been destroyed in a diagonal form, from half an inch or so below the left ovary, across to the under part of the right ovary, implicating the ovary from the womb to its apex, dissecting off the broad ligament, as with a knife. We secured the upper end of the vagina, after trimming the diseased edges and all loose and diseased tissue we could find, with the scissors, to the sound part of the womb, with the tenaculæ in about the position we had them in fetching the womb down, and then placed behind the tenaculæ a large ligature, tied tolerably firmly; the better to guard against hemorrhage, with a curved needle we ligated the attachments of the left ovary and the ligaments, not drawing the ligature tight enough to produce strangulation. Then, with the index finger of the left hand in the cavity of the womb, and the thumb on the outside, we had entire control of the organ; beside, the end of the finger was an index to guide the knife, to make sure that the entire cavity of the womb might be dissected. We first made a circular incision around the organ, from half an inch above the right ovary across the front, diagonally down below the left ovary, directing the knife around the left side across the posterior side, and ending the incision at the point of starting. Then drawing with the finger and thumb, and steadying the upper part with the right hand, we extended the cut surface about an eighth of an inch, and then made another circular incision close up to the shoulder of the first, drew down again and made another incision. And so on, until the operation was complete at the fourth circular cut. There was not at the time of the operation more than one ounce of blood lost. The organ was completely amputated, with the right ovary, except a thin shell to give attachment to the ligaments and left ovary, and support to the bowels. The surface of the cut looked white and healthy, and the second day after the operation I removed the ligatures. I directed the nurse to use, from the beginning, after the operation, warm milk and water to cleanse the parts, followed with three per cent. carbolized water. During the operation I kept my hands and instruments lubricated with carbolized cod-liver oil of about ten per cent. Also, all the sponges, cloths, and ligatures were saturated with carbolized water. Mrs. S. was kept quiet for eight days after the operation, on her back, with her shoulders elevated; then she was allowed to change to her side, with care. Her bowels were well cleaned before the operation, and six or seven days after they were moved with the syringe, she passing the operation on cloths, placed under her for the purpose; also passing the urine in the same way. She was kept on very bland diet for two weeks. She took no other constitutional treatment than "Wyeth's Dialysed Iron," three times a day. Mrs. S. recovered in six weeks' time, so as to be able to attend to light household duties. From that time up to the present she has enjoyed good health, and feels no other inconvenience than that she cannot do stooping work without experiencing some feeling of drawing in the hypogastric region. The vagina now forms a cul-de-sac of about two inches in depth. She menstruated one week after the operation, which was her regular period; and since, every four weeks, there is an effort to menstruate, with but a slight show.

HOSPITAL REPORTS.

COOK COUNTY HOSPITAL, CHICAGO.

SURGICAL CLINIC OF PROF. MOSES GUNN, DECEMBER 14th, 1877.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Ununited Fracture of the Femur.

The man before you was run over by a wagon last April, and sustained a double fracture of the right thigh. The upper fracture being about at the point of union of the upper with the middle third, and the lower one at the union of the middle with the lower third. The limb was dressed in a Hodgen's splint until about two months ago, when a plaster-of-paris dressing was applied. The upper fracture united but the lower one did not, as you can see from the mobility and deformity at the seat of fracture.

There are several causes which operate to prevent union of bones: 1st. There may be extensive hemorrhage from laceration of the soft parts at the seat of fracture, and a coagulum is formed and becomes partially organized between the fragments, and in this way union is prevented; 2d. There may be intervention of the normal tissues, as muscular fibres, etc. A case came under my observation some years ago, where, in a recent fracture of the femur, I was unable to adjust the fragments and retain them in their place; and there was also present a deformity at the seat of fracture that convinced me that a portion of muscle was intervening between the ends of the bone, and I gave it as my opinion that union without some operation was doubtful. The case passed from my immediate observation, but as the man afterward died, Dr. Parker procured the pathological specimen, and I was enabled to verify my diagnosis; 3d. Another cause of non-union is too great motion of the fragments, from whatever cause; and 4th. Union may not occur on account of a general weakened condition of the patient, from extensive suppuration or other exhausting discharges, or other causes tending to lower the vital standard of the system.

Several methods for the treatment of ununited fracture are in use: 1st. By drilling the bones, in the manner I shall show you, with this little instrument, which is known as the Brainard drill; 2d. By rubbing the ends of the bones together; 3d. The seton; 4th. By resection. In this case we will make use of the drill. I take a tenotome and pass it through the soft parts, down to the seat of fracture, to make an opening for the drill. I then take the drill and pass it down between the ends of the fragments, and break up, to a considerable extent, the union, and in addition to this I transfix the ends of the fragments with the drill. This is sufficient for once, and may alone produce enough inflammation to cause union; if not, the operation will be repeated in a few days. Sometimes an excess of inflammatory action results from a single boring like this, and we are called upon to combat it. The limb will be dressed in a Hodgen's splint, and some additional splints to secure perfect coaptation and immobility.

Fracture of the Clavicle.

This man fell down stairs three days ago, and produced a fracture of the left clavicle. There exists extensive ecchymosis and swelling around the seat of injury. In a few days, when the swelling subsides, we will put on a dressing consisting of a plaster-of-paris jacket, extending from the median line in front to the median line behind. The arm will be raised and the shoulder drawn backward, so as to bring the fragments in apposition, and the plaster dressing so padded and applied as to retain them in place. At our next clinic we will show you the case with the dressing applied.

Extensive Ulcer of the Leg.

This young man has a large ulcer, embracing one-fourth the circumference of the leg and half its length. The treatment of this case is with Dr. Martin's elastic bandage. He claims to have treated ulcers of the leg with the elastic bandage during the last twenty years, with gratifying success. The bandage he uses is pure rubber—not that mixed with any other substance, nor rubber webbing. The bandage is applied before the patient assumes the erect position, or puts the foot down in the morning, and only moderately tight. Great care is necessary in adjusting the pressure. Too strong compression may do harm by destroying the vascularity of the part; strike the happy medium in this regard; commence at the foot to apply the bandage, and continue it above the diseased tissues. It may be left on all the time at first, and after a while only during the day, taking it off at night and re-applying in the morning. This treatment acts by preventing congestion, regulates the vascularity to just the proper degree, and, the material of the bandage being impervious, serves to retain the warmth and moisture, and thus bathes and foments the part, like hot water fomentations. This patient has very perceptibly improved during the past three days, and he has been going about all the time the improvement has been going on.

Burn.

This man has an extensive burn of the right side, produced by a jet of steam. He has been dressed with carron oil, applied on lint and held in place by adhesive straps. This dressing is to be removed as often as necessary, the parts cleansed, and a fresh dressing applied. He is doing well, keeps still, and is a very manageable patient. There are various applications used in these cases. Instead of the carron oil you may use cosmoline, or carbolated linseed oil.

MEDICAL SOCIETIES.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the meeting on August 1st, 1877, a case of

Spinal Paralysis,

probably due to so-called spinal exhaustion, was reported by James Tyson, M.D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania.

H. F., about twenty-five years of age, had been indulging in sexual excesses, often more than once in a night, as well as occasionally during the day, for some weeks, when, after spending an afternoon and evening at the Park, during which he had been drinking freely of beer, whisky, etc., he came home partially intoxicated, and went to bed. He lay in a draught, between two windows, and perspired most copiously—this on or about the 4th of July, 1875. On the next day he observed that he had lost power in his legs, more in the right than in the left.

This state of affairs continued with little change for several days, when he went to Cape May, thinking that he might be benefited by bathing. He returned on the 12th of July, the symptoms having gradually increased, and I first saw him on the 14th. I found him able to walk with the aid of a stick, but with difficulty. The paresis was much more marked in the right leg than in the left, but he could still, by an effort, draw up both legs. There was now also impaired sensibility in both legs, but more marked in the left, that in which there was less paralysis of motion, but the right half of the trunk, as far up as the nipple anteriorly, and a little below the angle of the scapula posteriorly, and from the median line in front to the median line behind, was hyperæsthetic. In illustration of the phenomena of impaired sensibility a fly could be appreciated crawling over the right foot and leg, but could not be noticed on the left. Reflex action remained, though perhaps slightly impaired. These conditions were confirmed on Saturday, July 17th, when Prof. Francis Gurney Smith saw him with me.

It was thought that the symptoms were those laid down as of spinal congestion. The patient was put to bed, and was ordered the fluid extract of ergot in f.ʒ doses, three times a day, increased in two or three days to four fluiddrachms a day, to which twelve drops of tincture of belladonna were added as often. Counter-irritation by blister and by vesicating liniments was directed at the same time. In four days his back was thoroughly vesicated, and the belladonna had produced its physiological effect. The dose of the latter was diminished, but the ergot was kept up until the 23d, when there was evident derangement of the stomach, and it was discontinued, and substituted by a simple acid tonic. Notwithstanding this faithful use of counter-irritation, ergot, and belladonna, the patient grew worse, and by the 20th was absolutely unable to draw up either leg, although the toes could still be moved by action of the extensors.

On the 24th Prof. H. C. Wood saw him in consultation. Electro-muscular contractility was found to be perfect. He was ordered phosphorus, $\frac{1}{75}$th of a grain, three times a day, which on the 29th was increased to the $\frac{1}{37}$th of a grain, three times daily, or about $\frac{1}{12}$th of a grain a day. The acid tonic was continued, and frictions with salt and whisky instituted. By the 29th there was no improvement in motor power, but his tongue had cleaned up, his appetite was better, and he was in good spirits. He thought, however, that the hyperæsthesia of the right half of the trunk had disappeared, and was replaced by numbness. On the 2d of August this disappearance was undoubted, and although there was no positive gain in power, there was a feeling, on the part of the patient, that he was better, even in this respect.

On the evening of the 4th of August he began taking $\frac{1}{25}$th of a grain of phosphorus three times a day, making about $\frac{1}{8}$th of a grain per day. At this time there appeared less difference in the sensibility of the two sides, and, without doubt, sensibility had improved, but there remained total motor paralysis; he could not even move his toes. Numerous boils also had commenced to make their appearance, and Basham's mixture of acetate of iron, with $\frac{1}{48}$th grain of sulphate of strychnia, three times a day, was substituted for the acid tonic mixture.

August 21st, 1875. The phosphorus was continued in doses of $\frac{1}{25}$th of a grain, three times a day, until the 12th, when it was omitted. There is evident increased reflex sensibility, and the patient thinks some gain in power, although it is scarcely appreciable. The boils have disappeared under the use of the iron. The phosphorus is to-day recommenced in doses of $\frac{1}{25}$th of a grain a day, to be rapidly increased to $\frac{1}{8}$th of a grain a day. The iron is omitted.

September 8th, 1875. He has had an attack of diarrhœa, which seems to have weakened him a little, but he is otherwise in the same condition as at last note, except that sensibility seems improved and equalized. When the diarrhœa came on he omitted the phosphorus.

Sept. 12th. Ordered phosphorus to be recommenced. Feels in excellent spirits and thinks he is improving.

Sept. 24th. Continued phosphorus until the 19th, several days before which the dose was increased to $\frac{1}{8}$th of a grain a day. Found him sitting up and in excellent spirits. Made a careful examination of legs, and found in the right the sense of touch perfect, but sensibility to pain, as by pinching, is still deficient, and there appears to be an absence of the power to appreciate cold; that is, if a cold hand is placed in contact with the thigh or leg, the skin, while it perceives the contact, fails to appreciate that the object is cold. As to *motion*, he can flex the right foot, raise the right heel, push forward and backward the right leg, and even, by forcible effort, raise the right foot from the floor. He can also move all of his toes.

As to the left leg and thigh, the sense of touch is greatly improved; also the apprehension of painful impressions, like that of pinching. Motion, however, is by no means as good as in the right; he cannot flex the foot as in the right, and although he can, with difficulty, draw the foot backward, he cannot push it forward, and while he can move the great toe, he cannot move the others. Ordered phosphorus to be recommenced on the 26th, $\frac{1}{24}$ of a grain, with two grains of sulphate of quinia twice a day.

October 12th. There is a very decided improvement, both in sensation and motion of both legs, although motion is still better in the right leg than in the left, and sensation better in the left leg than in the right. He has walked across the floor, with assistance, three times in the past week. Is taking $\frac{1}{24}$th of a grain of phosphorus once a day. Improvement thence continued steadily, but nearly a year elapsed before he completely recovered.

July 12th, 1876. The patient called to see me to-day; all motion is perfect; he can walk miles at a time, and has walked recently six miles without consciousness of any defect in motion. As to sensation, sensibility to touch seems perfect, and equally so on both sides, except that on the right there would seem to be remaining a slight perversion, which is thus shown; when he puts his leg into cold water a sensation of warmth is felt. This has been the case also with the left leg, which is returning to its normal condition in this respect; there is, perhaps, a trace of this perversion remaining.

This case appears to me to be of sufficient interest to report to the College, for the following reasons:—First. The condition occurred in a young man of previously vigorous health. Second. It was followed through a long period to a favorable issue. And, finally, it is one of a class of cases in which the pathology is not precisely determined, in which, perhaps, three views are admissible, of which two are diametrically opposite, calling for a treatment as opposite; further, these two opposite modes of treatment were both adopted with the results reported.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Spread of Lupus.

The following extract is from a lecture by Mr. J. Hutchinson, in the *Medical Times and Gazette:*—

The mode in which lupus extends itself, and more especially the manner in which multiple patches are developed, is well worthy of investigation. My impression is that the processes are by cell-infection, and very closely similar to what we observe in cancer. When we see a patch of lupus spreading at the edge by the production of fresh tubercles in continuity with the original ones, we can have little doubt that the process is one of contagion by continuity. The diseased structures grow into the adjacent healthy skin. This is exactly what we observe in cancer of the skin, and more especially in that form of it which is known as rodent ulcer. In some forms of rodent ulcer we even observe a tendency to heal in the parts where the skin has been destroyed, closely similar to the process which is so constant in lupus. The two differ in this: that whilst the lupus cell-growth appears unable to maintain itself excepting in the skin-tissues, the cancerous growth, although it may have originated in the skin, can grow deeply into the fascia, muscle, bone, etc. Yet let us note that although cancer can do this, it often manifests a remarkable tendency to restrict itself to the skin in which it was first developed.

The cases of multiple lupus, or what we have sometimes called "psoriasis-lupus," may be explained either on the hypothesis that nuclei or cells have been transferred from the original patch of disease, through the lymphatic system or the blood vessels, or by mere cell traveling, to the parts secondarily affected; or, secondly, that some altered condition of the blood generally is the cause of the more or less simultaneous outbreak at different parts of similar processes of diseased action. The facts seem to me very strongly in favor of the first of these suggestions. If lupus were originally a blood-disease, it ought, like common psoriasis, to arrange itself symmetrically. Now, I believe that, with the exception of the rare and peculiar form known as erythema lupus (*L. erythematosus*), it never does so. I have seen many cases of multiple or psoriasis lupus, but scarcely any in which the similarity to psoriasis was maintained in this particular. On the contrary, the deviations from symmetry are often very great. Thus, you may find one limb severely affected, and its fellow exempt; one cheek covered with lupus patches, and none at all on the other. Psoriasis never does this. Again, we see the resemblance to cancer in the way in which the secondary deposits of lupus are often seen in close proximity, although not absolutely continuous with the original ones. I have often asked your attention to this fact in cases of cancer, and appealed to it as evidence that cancer is in the first instance a local disease. The secondary manifestations do not occur at random, and are not manifested with equal profusion at a distance and near to the original growth. Thus, in the case of cancer of the breast, we often find a number of little glossy nodules developed in the skin overlying the tumor. It is impossible to explain why they should be here, and not on the opposite side, on any theory of blood origin, or, I think, upon any hypothesis whatever, other than that which teaches that they are due to the direct traveling of germs derived from the original infective source. It is precisely so with lupus; we constantly see a number of tubercles produced at a little distance from the border of the original patch, and it is comparatively exceptional to find them spread irregularly over the surface of the body. To these exceptional cases of multiple lupus we may suitably compare the rare examples of multiple cancer, usually the melanotic form, in which the new growth shows itself by a copious development of perfectly distinct tumors. I have seen cases of melanosis in which the patient was spotted over like a leopard with these growths; and in all such I believe they are secondary to an original one.

If we accept this theory of the mode of the spread of lupus, we shall have to admit that facts favor the belief, either that individuals differ very much in their liability to permit such spread, or that the nature of the disease-product varies much in its capacity for migration. But neither of these involves any improbability, and they are both of them facts to which we are obliged to make frequent reference in explaining the phenomena of cancer.

The Relations of the Pneumogastric Nerves to Pneumonia.

D. J. Steiner, of Halle, gives the results of experiments made by dividing the vagi and their branches (quoted in the *Lancet*). Dr. John Reid, it is well known, found that section of the vagus on one side does not necessarily or even generally induce disease of that lung, but that when both vagi were divided the lungs passed into a condition closely resembling pneumonia. This Reid attributed to the altered rhythm of the respiratory movements, leading to congestion of the capillaries and the effusion of frothy mucus. V. Boddärt, however, several years ago, adduced evidence to show that, as the section of both vagi caused loss of sensibility of the laryngeal mucous membrane and paralysis of the laryngeal muscles, foreign bodies readily gained access to the trachea and bronchia, and produced congestion, inflammation, and the usual results of inflammation. The results of Steiner's experiments seem to be, on the whole, in accordance with those of Boddärt. He, too, finds that isolated section of the pulmonary branches of the vagus has no more tendency to induce pathological changes than occurs during the first two or three days after section of the recurrents. If, however, these pulmonary branches are divided on both sides within twenty-four hours of each other, severe pneumonia sets in, just as occurs after complete section of the trunks of both vagi. He thinks, therefore, that while pneumonia is certainly produced by the entrance of foreign bodies into the lungs, yet that the pulmonary fibres also have a definite function. The influence exerted by these fibres he thinks may be sought for in the altered rhythm of the respiration, which constantly occurs after their section, and in the existence of trophic nerves coursing in the vagus. If after section of both vagi the centric extremity of one nerve be irritated, and the number of respirations be by this means restored to their former frequency, pneumonia no longer occurs. This influence of rhythm on the production of pneumonia is due to the fact that after section of the pulmonary branches the inspirations become less frequent, but much deeper, so that on each respiration being made there is a considerable degree of negative pressure in the lungs, and consequently a strong aspiration of all bodies contained in the mouth, so that foreign bodies and the salivary fluids enter the lungs in abundance. If no food be given, and the animal be kept at rest, no pneumonia occurs.

Mixed Narcosis.

During the past two or three weeks, says the *Lancet*, December 1, a novel mode of producing anæsthesia, called mixed narcosis (*gemischte narkose*) has been employed by Thiersch, of Leipzig, whereby insensibility to pain may be procured without the total abolition of consciousness. The credit of the discovery is ascribed to Professor Nussbaum, of Munich. Although suitable for all kinds of operations, it is especially serviceable for operations about the mouth and jaws, in which blood is apt to flow into the trachea, or down the œsophagus into the stomach, and subsequently to cause vomiting. In some cases of removal of the upper jaw lately performed by Thiersch, the patient allowed the blood to accumulate for a while at the back of the pharynx, and then spat it completely out when asked to do so; and we are informed that in one instance the patient watched with evident interest the motion of the saw that was dividing his upper jawbone.

A subcutaneous injection of morphia, from a quarter to half a grain, is given as soon as the patient is placed upon the operating table, and immediately afterward the administration of chloroform is commenced. After inhalation for about five minutes the operation may usually be begun, but the chloroform must be renewed at intervals. The patients lose all sensibility to pain, but evidently retain a considerable degree of consciousness and control of voluntary movements. Within the last month mixed narcosis has been employed five times sucessfully, as far as the annihilation of pain is concerned, and without any bad effects.

Cretaceous Degeneration of Arteries.

In a paper read to the Société de Médecine Publique (published in *Annales d'Hygiène*, for September), Professor Gubler observes that this change in the condition of the arteries attacks the various classes of society in a very different manner, a great contrast existing between the rich and the poor, the inhabitants of towns and the rural population. At the top of the social scale the arteries may retain their suppleness until the approach of confirmed old age, while in the lower classes the indurations manifest a remarkable precocity, so that arterial atheroma is met with in the hospitals in men of forty, thirty, or even twenty years of age. Doubtless the abuse of alcohol is one of its powerful causes; but we must avoid attributing to it a too exaggerated operation. For while in the upper classes alcoholism is not so very rare, and yet it does not give rise necessarily to this degeneration, so in certain patients in the hospitals it is impossible to attribute the atheromata observed in them to abuse of alcohol. But the different diet made use of by the poor and the rich, the inhabitants of the country and of towns, may explain the facts observed. Thus, while one class obtains its nutriment from the flesh of animals and from vegetables abounding in nitrogen, in the poorer classes, bread, potatoes, cabbages, and herbaceous vegetables form the base of their alimentation. Flesh and albuminoid substances contain very small portions of mineral principles, while a purely vegetable diet contains a considerable proportion of the earthy phosphates and carbonates. The facility of cretaceous incrustation prevails in an inverse proportion to the vitality of tissues, so that the middle coat of arteries, but little irrigated with blood and of low vitality, is especially liable to undergo this atheromatous degeneration. If, then, this has its chief origin in earthy matters furnished by the herbaceous regimen, concurrently with potable waters loaded with earthy salts, the disease should be more precocious and more severe in calcareous regions like the Orléannois—a fact confirmed by M. Leblanc; while it should be rarer, or even absent, in siliceous, granitic, and volcanic regions, like Puy, where M. Vibert has shown it is a rarity. In monasteries, where the monks are confined to vegetable diet, the arteries are found greatly indurated at the early age of thirty-two.

Chrysophanic Acid in Skin Disease.

In a report of a case of psoriasis treated by chrysophanic acid, in the *Medical Press and Circular*, by Dr. J. C. O. Will, of Aberdeen, he remarks:—

At the time when it was prescribed I said that I had but little faith in it, while I had every confidence in arsenic, if given in large enough doses; for though psoriasis is a very common affection in this neighborhood, I have never yet seen a case which ultimately resisted the internal administration of that remedy. But experience has taught me that, to be of real use, arsenic must be given freely. As examples of this, I may mention that, during last year, in three cases no benefit was obtained until the patients were taking from twenty-five to thirty minims of the liquor three times a day; but after improvement once set in, progress was rapid. Still the free use of arsenic has its disadvantages; for disturbance of the digestive tract, and puffiness of the face, sometimes come on very suddenly, and give considerable trouble and annoyance, while some persons cannot take it at all, the smallest dose giving rise to sickness and distaste of food, and to swelling of the face, hands, and feet, symptoms which continue until the administration of the drug is entirely stopped. Tarry applications are much in vogue, and are often useful, especially oleum cadinum; but their curative action is slow and somewhat uncertain. Therefore, the introduction of a new remedial agent, apparently possessing the power of effecting a cure in a short space of time, seems a real gain; and if more extended trials are followed by equally beneficial effects, there is every reason to believe that chrysophanic acid will soon be regarded as the most reliable and quickest method of treating psoriasis.

It has one disadvantage, however, which renders its use rather objectionable in private practice—viz., that it stains the clothing of the patient and bed-clothes a purple-color, which will not wash out; but it may be reasonably expected that some means will be devised by which this may be overcome.

When prescribing chrysophanic acid, it is a wise precaution to warn the patient against allowing it to come in contact with the eyes, as it gives rise to intense irritation, accompanied by great dilatation of the pupils. This I have seen thrice—once in a case of psoriasis rupoides (at present under treatment), and twice in cases of favus, where I may mention that the acid proved useless. The irritation subsides spontaneously in the course of a few days.

Treatment of Pleuritic Effusions in Children.

Drs. Barlow and Parker, in an article in the *British Medical Journal*, December 1st, 1877, strongly recommends, in serous effusions into the pleura, the advantage of an exploratory puncture, and the removal of a small quantity of serum. They say:—

When the history is recent, and the effusion serous and small or moderate in amount, we prefer to abstain from further operative interference. When three weeks elapse without improvement, we recommend the additional removal of a small quantity, either by the hypodermic syringe or the aspirator. If the effusion be considerable, we believe that it is right to perform paracentesis at once; not only to relieve dyspnœa, but to give the lung a chance of re-expansion before adhesions bind it down. In a case where seventy-two ounces were removed from the chest by aspiration, from a boy, nine years old, the lung immediately expanded, and there was no reaccumulation. In another case, from a boy, six years old, twenty-two ounces were removed, and there was also no reaccumulation. We think paracentesis should be performed quite irrespectively of pyrexia. As to drugs, although we have the strongest belief in the value of diuretics in the treatment of passive effusions into the peritoneal cavity, we cannot say that we have seen any benefit whatever from their use in pleuritic effusion; and, considering how frequently small serous effusions into the pleura in children are associated with the tubercular diathesis, we should be exceedingly chary in subjecting any such cases to a mercurial treatment. In young children, the use of blisters is not without grave risks of producing troublesome sores. We have not seen any harm result from the external application of iodine; indeed, it has seemed to us that its use, combined with the internal administration of iodide of potassium, has produced benefit. In this, as in every other wasting disease of childhood, cod-liver oil is invaluable.

If the exploratory puncture reveal the presence of pus, it is recommended to withdraw as much as possible with the hypodermic syringe. We have found great advantage in using a syringe capable of holding at least two drachms. Occasionally this will remove all that is present in one spot; moreover, gently moving the needle will give information as to the size of the cavity. It is quite marvelous to observe the rapid improvement which frequently follows the emptying of a very small collection of pus. We have found by experience the necessity of bearing in mind the possible existence of multiple collections of pus completely separated by adhesions. If the quantity of pus removed be incommensurate with the extent and intensity of the dullness, subsequent punctures must be made. We have never seen any evil results from such punctures during five years' experience, and thus have become as convinced of the safety as of the utility of the measure. If there be more pus present at a given spot than the hypodermic syringe will remove, it is better to introduce the aspirator trocar, and withdraw as much as possible. The occurrence of a little bleeding in the course of the paracentesis has frequently ceased after the valve has been shut off for a few moments. If, after reopening, blood should continue to flow, it is recommended to stop the aspiration. In most of our cases, aspiration has been performed under anæsthetics. This has appeared to have three advantages: 1. The facility thereby gained for making a thorough exploration: 2. The avoidance of shock and collapse; 3. The avoidance of the troublesome cough, so well known at the conclusion of paracentesis thoracis without anæsthesia. Chloroform, preceded by a small dose of brandy, has appeared to us better than ether for these cases, on account of the avoidance of bronchial flux. We believe strongly that, if anæsthetics are used at all, they should be pushed to complete insensibility. When the effusion is general, we have found again and again the angle of the scapula a better position for puncture than the mid-axillary line. In localized effusions the puncture ought to be made at the centre of maximum dullness, wherever that may happen to be. In a certain number of cases, there has been excellent recovery after a single aspiration. Seven at least of such cases have been observed. Successful results have been obtained after repetition of the aspiration up to six times. We have never seen albuminous expectoration. If the pus do not become fetid, and if at each successive operation the quantity notably diminish, there seems no reason to limit the number of attempts to cure the empyema by repeated aspiration. If the pus should become fetid, or rapidly reaccumulate in larger quantity, permanent drainage is recommended. In all cases, it is contended that this should be by a double opening. If possible, the first opening should be made in the front of the thorax, and the second below and internal to the angle of the scapula. A long probe, threaded with a piece of drainage-tube, may be passed downward and backward from the first opening, and the second incision made over the point of the probe when it is felt through the integuments. The drainage-tube should then be drawn through and secured by tying the two ends together.

We contend that, by the method of double openings, there is the certainty of more complete and rapid evacuation of pus, and consequently of more rapid adhesion of the parietal and pulmonary pleuræ, than by the single opening. We have seen one case where a single opening only was made, and where subsequent closure took place; and it was found afterward that two separate collections of pus had not been drained by it. The use of double openings and of a through drainage-tube diminishes this risk, although it may not entirely obviate it. We have often seen difficulties arise with respect to evacuation, when a single opening has been made only in the mid-axillary line. Apart from the unfavorable shape of the pleural cavity for drainage, it is important to bear in mind that, when retraction begins to take place, the ribs approximate most in the axillary region, and, in a child especially, there is risk of the intercostal space, through which the tube passes, being so narrowed that the tube is occluded by the two contiguous ribs. In front and behind, the width of the intercostal space is greater, and undergoes less diminution as the side retracts. Most of the cases with which we have been concerned have been dressed with oakum. We have seldom had need to use stimulant injections; but in one case we saw marked and rapid improvement from the use of a solution of quinine, five grains to the ounce. One of the strongest arguments in favor of the method of double openings is that, in a large proportion of cases, it dispenses with the need of washing out the empyema-cavity. It is well known that washing out the chest has been followed, in a certain number of cases, by sudden death. Of this, fortunately, we have no experience; but we have experience of the terror and distress which the washing out induces (even when performed with an irrigator), and which in children constitutes a serious drawback. In the rare cases where, in spite of double openings, the pus has become fetid, we have obtained all the advantages derivable from injection by daily placing the little patient in a bath, with warm water sufficiently high to cover the upper opening. This secures a thorough, yet gentle and equable, cleansing of the empyema-cavity, and, moreover, is grateful to the child. Either Condy's fluid may be added to the water, or very weak solution of carbolic acid. If the latter, we wish strongly to point out the necessity of using carbolic lotion previously prepared with boiling water. When pure carbolic acid has been simply poured into the bath, we have seen some of it float in oily drops on the surface, and give rise to trouble.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

We have received the following:—

——Intra-Capsular Fracture of the Neck of the Femur. Recovery. By H. Wardner, M.D., of Cairo, Illinois. A case reported to the Southern Illinois Medical Association, at Anna, June, 1877. Reprinted from the Chicago *Medical Journal and Examiner*, December, 1877.

——Monograph. On Some Forms of Inflammatory Diseases of the Eye. Being caused by Defects in Refraction and Accommodation. By P. D. Keyser, M.D., Surgeon to the Will's Ophthalmic Hospital, Philadelphia. Extracted from the Transactions of the Medical Society of the State of Pennsylvania, 1877.

——The Narcotic Effect of Morphia on the New-born Child, when Administered in Labor. By Walter R. Gillette M.D. Reprint from *American Journal of Obstetrics and Diseases of Women and Children*, volume X, No. IV, October, 1877.

——An excellent report on Professor Lister's Antiseptic Method has been prepared by Assistant Surgeon Alfred C. Girard, U.S.A., and published through the Surgeon General's office.

BOOK NOTICES.

Public Hygiene in America. By Henry J. Bowditch, M.D. With Extracts from Correspondence from the various States. Also a digest of American Sanitary Laws. By Henry G. Pickering, Esq. Little, Brown & Co., Boston.

This report of the condition of hygiene in America was the subject of a Centennial discourse delivered before the International Medical Congress, Philadelphia, September, 1876. Part 1 considers the history of the gradual evolution of the idea of State preventive medicine, during the Centennial period. This period is divided into three *epochs:* First, 1776–1832; Second, 1832–1869; Third, 1869 to the far future. The first epoch "believes in drugs, and the almost supreme power of our art." It has but little faith in nature's ability. During the second epoch medical opinion was almost diametrically opposed to the first. The third epoch is when the laity first come forward prominently as coadjutors and promoters of medical reform. Lemuel Shattuck, of America, appears as pioneer. The warmth of the laity is commended, and the lukewarmness of the profession denounced. Attention is called to the fact (as we asked our readers' attention in an editorial a few weeks ago) to the omission of the study of hygiene in medical schools.

Out of the thirty-eight governments in the Union, only eight show a due appreciation of the duty devolving upon a State to be careful of the health of the people. Only ten States are willing to support a board of health. Only sixteen expend money to prevent the adulteration of food. Only twelve will pay for scientific investigation of the cause of disease. New York State and Pennsylvania have no board of health. Philadelphia and New York City each has an efficient board. Probably no State provides for a sanitary survey of the State. Sixteen States are reported as having no law to prevent small-pox; only four States have any laws regulating tenement houses. Returns from universities, and colleges, and medical institutions, showing the amount of interest shown by them on various questions allied to those propounded in the address, do not seem to be at all encouraging. 82.26 per cent. of the colleges pay no attention to public hygiene; 62.90 per cent. practically ignore the importance of private hygiene. This is not much better in medical colleges and universities.

The appendix contains many interesting extracts from the author's correspondence upon these questions. The correspondent from the Indiana State University, Bloomington, Illinois, states that formerly hygiene was taught only in the Junior year; now he lectures to the Freshmen once a week, during one term. It was deemed important that the students should be warned early how to take care of their health. He recommends them, also, to read Dr. Napheys' work on the "Transmission of Life."

The statements of this most excellent work of Dr. Bowditch show us conclusively that the present status of the country in regard to public and personal hygiene is far below what it ought to be, and what it is in other countries; yet, withal, the author shows us that we are now in a glorious epoch, and that the future looks well for preventive medicine.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

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3. For one new subscriber to both Compendium and Reporter, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

In all cases the remittance for the new subscriber must cover one full year's subscription.

DARWINISM IN PATHOLOGY.

Thirty years ago, last spring, that is in April, 1847, Rudolph Virchow founded the celebrated *Archives of Pathology*, which has ever since appeared under his editorship, and around which have centered most of the profound investigations in that domain which have been prosecuted in Germany.

Last summer the distinguished editor reviewed these labors of a lifetime, and we must say in no cheerful spirit. What he particularly felt was that the theories of other sciences, especially of physiology and natural history, have been obtruded on the science of pathology, where they have no application, and simply lead to confusion. The distinctions which the labor of a generation had endeavored to establish were threatened, not by the result of equally earnest labors, but by the facile and impertinent assertion that the laws of one class of growth are applicable to all classes. Thus he breaks forth in the following protest, speaking of his early efforts:—

> "We were not blind to the advantages of literary precision. We sought sharp definitions, precise expressions, a correct terminology. We concerned ourselves to introduce scientific language into medicine, to make it impossible for any one arbitrarily, by hasty conclusions, improper generalizations, or the tendency to figurative translation of ideas, further to trouble the newly-acquired knowledge, and to lead to erroneous conceptions.
>
> "But, now-a-days, it seems as if this has been all needless trouble. No one thinks of logic and precision. Whoever still feels a tendency thereto is offered, in the place of the universal logic, a "medical logic." Expressions have again become confused. Scarcely have we succeeded after long struggles in elucidating the history of fatty metamorphosis and cheesy transformation, than fatty and cheesy are lumped together, and mixed into a compound in which it is impossible to distinguish the original elements. We strove for many years to fix the characters of white blood corpuscles, lymph corpuscles, and lymphatic gland cells, and to show the differences between them; only few pretended to follow us in this course, and now every round cell is a colorless blood corpuscle, and every colorless blood corpuscle a lymph corpuscle, and scarcely any characteristics remain.
>
> "This is the same blind rage for imitation and scheme-making which in such a disastrous man-

ner has entered into commercial enterprises. Because one manufactory of railway plant flourishes, ten others must be started, while no one considers whether the demand would also increase tenfold. Because this or that infectious disease is caused by bacteria, contagion in general must be of the nature of bacteria. In this respect nothing has done more harm than the crude speculations of the Darwinists. It was somewhat startling for us to see, what we had known in the old natural philosophy, how the genius of one man made an idea, which had already of *à priori* necessity acquired citizenship in the republic of science after long, severe, and not altogether undeserved proscription, again enthroned, not quite in full activity, but made the basis for a generalization of the history of the organic world. But that men should make of a theory an article of belief, and find in a guide to further research a synthetical principle; that men, instead of investigating, should intoxicate themselves with hypotheses; this was still worse than the *à priorism* of the natural philosophers.

* * * * * * * * *

"Many ask me with astonishment why I am not a Darwinist, and yet connect my own conceptions with those of Mr. Darwin. I can only answer that I am a Darwinist at heart, just as I am a cosmopolitan at heart. Yet, along with this innate cosmopolitanism, or let us say unhindered humanitarianism, good national feelings are preserved, and in many respects I am first a German; so I am in science first a pathologist, and as such must I always insist that pathological formations never develop beyond the physiological capabilities of the species. We have in pathology no heterology in a Darwinian sense. That heterology of development (heteroplasia) which I defend, and of which I may well declare myself the author, affects only the tissue, not the species (*Geschwulste*, i, s. 29). All the facts we know let us only recognize a histological, but no genealogical, transformation in pathology; and I say that, just as the doctrine of *generatio equivoca* is little applicable to histopathology since the downfall of the cytoblastema, so since the downfall of the so-called cell theory the doctrine of the mutability of species is scarcely tenable in pathology. Still in no way should it be said that, apart from histo-pathology and pathology especially, no epigenesis or no transmutation of species exists."

These are sterling words from the veteran observer. The facility with which a mind untrained in the principles of sound reasoning will accept an induction from a series of facts as a synthetic conception, a real dogma, from which to argue *à priori*, is and has been the common cause of wasted effort and worthless studies.

Any theory whatever that is accepted by the intelligent mind should be held always subject to correction, even to refutation; not only this, but the holder should always feel a pleasure when a doubt of his theory arises in his mind, when his faith in it is shaken; because, if his mind is sound and strong, this doubt, this weakening of faith, is a sure sign that he has acquired some fresh and valuable knowledge, that his perceptions are reaching further and surer than they have reached hitherto, and are disclosing to him past and unobserved errors.

This is the reason why any "exclusive dogma" whatever, in medicine, in science, or in philosophy, must, *ex necessitate rei*, blind its holder to the highest truth which his mind would otherwise be capable of receiving, dwarf his faculties, and lessen the worth of his life. The effect is the same, whether that dogma is epigenesis, *similia similibus* or the infallibility of a book or a man. The earnest words which we have quoted from the greatest of living pathologists, who is also hardly less great as a statesman and a historian, set forth but one point of the many in which he has so long and bravely fought against the prejudice, the scheme-making and the superstition of the age.

NOTES AND COMMENTS.

Therapeutic Notes.

NEURALGIC HEADACHE.

℞.	Quiniæ sulph.,	gr.xij	
	Morph. sulph.,	gr.j.	M.

Ft. chart. No. xii.

CEPHALIC ESSENCE FOR HEADACHES.

℞.	Ol. lavand.,	ʒiv	
	Camphoræ,	℥ij	
	Aq. ammoniæ,	℥ij	
	Alcohol,	℥xiv.	M.

Fragrant, stimulant, and may be used as a rubefacient in local pains.

CHEAP TONIC MIXTURE.

℞.	Chinoidine,	℥j
	Ac. acetic,	f.℥j
	Aquæ,	℥xxix.

Ft. sol.

SIG.—Teaspoonful at a dose.

CASTOR OIL MIXTURE.

℞.	Ol. ricini,	℥ss	
	Suc. limonis,	f.℥ss	
	Sacch. albæ.	℥ss.	M.

Sig.—At a dose.

RAND'S MODIFIED COLLODION.

℞.	Prep. cotton,	
	Venice turpentine,	āā ʒij
	Sulphuric ether,	℥v.

Dissolve first the cotton in the ether; add the turpentine, and by slight agitation complete the solution.

PERMANENT CURE FOR COSTIVENESS.

℞.	Sodæ sulphatis,	grs.xx	
	Ac. nitro-muriat.,	gtt.v–x.	M.

Sig.—Take one hour before breakfast. Season as necessary.

WALLACE'S EMMENAGOGUE PILL.

℞.	Aloes,	gr.v
	Ol. tanacetic,	gtt.xj
	Cantharidis,	gr.vij
	Ferri lactis,	℈iv.

Ft. mass. Div. in pil. No. xxviij.

Sig.—One, morning, noon, evening, and night.

The "Philadelphia Druggist and Chemist."

The first (January) number of this journal presents an attractive appearance, both in its manufacture and contents. The original articles, by H. C. Archibald, L. E. Sayre, and Dr. Schaffner, will be read with interest, while the editorial department contains a judicious admixture of original and selected matter. The Price Current is very complete, having been thoroughly revised by Mr. Ellis, a well-known member of the drug trade of this city.

The price of the *Druggist and Chemist* is $1.50 per year, 20 cents per number. Published by Dr. C. C. Vanderbeck, 1011 Walnut street, Philadelphia. In commutation with the Reporter, both journals are sent for $6.00 per year.

Absence of Tears in Madness.

One of the most curious facts connected with madness, says an English writer, is the utter absence of tears among the insane. Whatever the form of madness, tears are conspicuous by their absence, as much in the depression of melancholia, or the excitement of mania, as in the utter apathy of dementia. If a patient in a lunatic asylum be discovered in tears, it will be found that it is either a patient commencing to recover, or an emotional outbreak in an epileptic who is scarcely truly insane; while actually insane patients appear to have lost the power of weeping; it is only returning reason which can once more unloose the fountains of their tears. Even when a lunatic is telling one, in fervid language, how she has been deprived of her children, or the outrages that have been perpetrated on herself, her eye is never even moist. The ready gush of tears which accompanies the plaint of the sane woman contrasts with the dry-eyed appeal of the lunatic. It would, indeed, seem that tears give relief to feelings which, when pent up, lead to madness. It is one of the privileges of reason to be able to weep. Amidst all the misery of the insane, they can find no relief in tears.

A New Operation for Fracture of the Patella.

In a case of transverse fracture of the patella, Mr. Lister cut down on the fragments, opening the knee joint, cleansed the surfaces of the fragments, and, having established an independent drain of horsehair for the knee joint, drilled the two portions of the patella and tied the fragments together with silver wire, and then closed the wound, which was also drained with horsehair.

Six weeks after this operation was performed, the wound was seen to be completely healed, the ends of the silver wire projecting through the scar. The highest temperature that had occurred was 100 deg. Fahr., on the morning after the operation. There was no disturbance, constitutional or local, and both the wounds healed in about a fortnight.

Man's Place in Nature.

Professor Paul Broca, in a recent lecture, referred to the different opinions extant as to the distance which separates man from his nearest neighbors in the scale of the animal creation. According to some authors, the distance is incalculable, so much so that man constitutes a distinct species or order, to which they have given the name of human or hominal. According to others, man does not belong to a distinct species, but is intimately connected with, and forms part of, the great family of anthropoids or monkeys. Between these two extremes, nearly every intermediate degree has been assigned to man, thus forming, according to the different methods of classification, a branch, a class, a sub-class, an order, or a family in the zoological scale. M. Broca condemns these classifications as being more ideal than real, and proposes one which alone can stand the test of a rigorous examination, and respond to the true scientific notions of comparative anatomy; that which constitutes man a member of the great family of the order of primates.

Iodoform in the Treatment of Orchitis.

Dr. Julian Alvarez, in an article contributed to the Spanish journal, *La Independencia Medica*, for June 1st, 1877, gives several cases in which he has tried this remedy. He says that iodoform alleviates the pain in blennorrhagic orchitis by reason of its anæsthetic properties in this respect, its action being superior to belladonna, cicutine, opium, or other alkaloids; that this remedy, in consequence of its richness in iodine, exerts its antiphlogistic and resolvent action without any inconvenience to the patient, which is in striking contrast with the action of mercury. Iodoform, moreover, materially shortens the duration of blennorrhagic orchitis, whilst it avoids the danger of consecutive induration of the testis. The ointment that ought to be employed should contain one to two parts of iodoform to thirty of the excipient, according to the intensity of the inflammation. Dr. Alvarez states that in none of the cases in which he employed this remedy did he observe any eruption of the skin, so common when other ointments are used.

Albuminuria during Pregnancy Cured by Jaborandi.

M. Langlet, of Reims, in the *Union Médicale et Scientifique du Nord-Est*, No. 6, reports the case of a woman in the third month of pregnancy who for six weeks had suffered from œdema of the legs, great oppression, cephalalgia, vomitings etc. The urine was very scanty and loaded with albumen, and was uninfluenced by the usual diuretics. From the first day after the administration of jaborandi, there were salivation, very little perspiration, but, as a counterbalance, an increase in the quantity of urine voided, which continued for some subsequent days. The patient took jaborandi for sixteen days, and during that time the œdema was reabsorbed, the albumen decreased, the general symptoms improved, and there was eventually a favorable delivery, with a healthy child.

CORRESPONDENCE.

Early Rupture of the Membranes in Midwifery.

Ed. Med. and Surg. Reporter :—

In your issue of December 22d, at page 497, reference is made to an analysis given by an English surgeon, Mr. Plaister, of 800 consecutive midwifery cases. In it he warmly urges the early rupture of the membranes, and says: "I have never found any ill-effects from rupturing the membranes when the os is the size of a shilling, but find that the child's head forms a better wedge than the bag of liquor amnii. I cannot recall any instance where there has been any retarding of labor through this procedure."

Now, although this advice has the great weight of your own sanction, I cannot allow it to pass unchallenged. While granting, with you, that there is no surer way of shortening the first stage of labor than by breaking the bag of waters, I hold that the practice is a mischievous one—one threatening the future health and happiness of the woman—and that, therefore, it should never be adopted save for urgent reasons.

Perhaps, next to abortion, the most common cause of prolonged lochial discharges, of a bad getting up, of pelvic and uterine disorders, of stubborn subinvolution, is the laceration of the cervix. Now, for obvious reasons, nothing is more likely to produce this lesion than the early escape of the waters, especially in a primipara. Hence it is that many a life-long invalidism dates from a first labor.

Having myself made the mistake of prematurely breaking the membranes, and having to deplore the consequences, I am the better enabled to warn others, and to denounce this practice as meddlesome midwifery. True it is, that some few women do not experience any bad effects from a laceration of the cervix, but the vast majority do. From the attrition and irritation of the now unshielded delicate lining membrane of the cervical canal, the womb becomes hypertrophied, and the pouting mucous membrane looks so raw and angry that it is constantly being mistaken for "ulceration," or for cancer, and is accordingly mistreated. So common, indeed, is this accident of child-birth, for accident it certainly is, since nature never intended it, that, out of every five women who apply to the Dispensary for the Diseases of Women at the Hospital of the University of Pennsylvania, I find one who is suffering from its effect. Repeatedly have I operated for it, in one week three times, one of the cases being, to my shame, a woman whom I myself had previously delivered.

In view of these facts, can I begin the new year better than by urging on the readers of your valued journal the adoption of the general rule, of not breaking the bag of waters in primiparæ until the os uteri has become *fully* dilated, and in multiparæ until fair dilatation has taken place, a dilatation certainly greater than "the size of a shilling?" Very faithfully yours, WILLIAM GOODELL, M. D.

Philadelphia, January 1st, 1878.

Chloroform Hallucination.

ED. MED. AND SURG. REPORTER :—

I saw in the MEDICAL AND SURGICAL REPORTER, of December 29th, 1877, the report of a case of chloroform hallucination. The following is my experience in the same line. In 1854, a clergyman's sister came to my office for the purpose of taking ether and having a tooth extracted, and brought her brother's wife with her. I began to administer the ether to the patient, and whilst renewing it she got away from me, and seemed alarmed and offended. I did not attempt to compel her to breathe any more ether, but urged her to take it, and so also did her brother's wife, but she would take no more. She had the impression, so her brother told me, that I attempted to violate her, and that his wife assisted me. It was a long time afterward before she would fully give up that she was mistaken in the matter. N. L. FOLSOM, M.D.

Portsmouth, N. H., January 1st, 1878.

Triplets.

ED. MED. AND SURG. REPORTER :—

Was called to see Mrs. P., aged 29, brunette, weighs 120 pounds, slender, fourth pregnancy. Arrived at 4 A. M., December 9th; she had been in labor since midnight. The waters had broken at 2 o'clock. On examination found face presentation, and first position, well down. The pains were very slight, and long intervals between. About 7 o'clock the pains became stronger, and it seemed as if the child would be born, but between pains the head would work back, and then it would take three or four pains to get it back to where it was. This occurred three or four times, and I thought of putting the forceps on to finish the labor, but instead, at 8 o'clock, gave fifteen minims fl. ext. ergot, and a tablespoonful of whisky, which brought the pains on very strong and close together, and at 8.50 A. M. the child was born. On examination found another head presenting in first position, vertex. On rupturing the amniotic sac the second child was born in twenty-five minutes. The pains coming on very strong I introduced my hand, and was astonished to find another head presenting, third position, vertex. Ruptured the sac, and in ten minutes the third child was born, just thirty-five minutes after the first. They weighed, in the order of their birth, as follows, 7 pounds, 9 ounces, 6 pounds, 14 ounces, 6 pounds, 9 ounces; all boys, well developed, without blemish, and fat.

Each child had a separate amniotic sac and chorion, and the placentas were also separate and distinct from one another. Mrs. P. said that she had been unable to walk with any comfort since last August, owing to her great size, that she could hardly breathe or eat, and that she had been nearly kicked to death. Expected to be confined about January 1st, 1878 as she had been sick on March 20th, 1877. She was in very poor condition at her confinement.

At the present time they are all alive, and mother and children are doing well.

M. H. HARKINS, M. D.

Empire, Kansas, December 19th, 1877.

Pseudo-Membranous Croup.

ED. MED. AND SURG. REPORTER :—

I was called, November 16th, early in the morning, to see a child aged two years, with the long dreaded pseudo membranous croup. After talking awhile, I found they had lost two children with the disease, just a few days previous. I immediately put it on the following treatment :—

℞.	Chlor. pot.,	ʒij
	Syr. limon.,	℥j
	Aquæ,	℥iij. M.

Sig.—Teaspoonful every hour.

and one dose of turpeth mineral, after which I gave the chlor. pot. for several days; made a good recovery in ten days.

Altoona, Iowa. W. H. BOOTH, M.D.

NEWS AND MISCELLANY.

Vital Statistics of Philadelphia for 1877.

The records of the Health Office show that during the year just closed there occurred in this city 16,003 deaths, as against 18,892 in 1876; 17,805 in 1875, and 16,315 in 1874. Of the deaths during the year 8137 were males; 7866 females; 4034 boys; 3722 girls; 8247 adults; 7756 minors; and 963 colored. The greatest number of deaths, 2097, occurred in the month of July. The greatest number occurring in a single ward was 1174, in the Twenty-seventh Ward, and the smallest number, 196, in the Sixth Ward; but of the deaths in the former 657 occurred in the Almshouse. Consumption of the lungs ranks first as the enemy of mankind, it having carried off 2349 victims; next comes cholera infantum, 978, closely followed by inflammation of the lungs, 840; marasmus, 752; convulsions, 747; typhoid fever, 550; and dropsy, 457.

Salt-water Drinkers.

A foreign medical journal prints the following account of salt-water drinkers, taken from an account of a voyage to the Oceanic Islands by Mr. Jouan, a ship's captain, and sent by him to a medical man at Caen. These remarkable people are met with on the madreporic *atolls* of the Pacific, such as the Paumoton Islands, where there are neither brooks nor springs, and where the wells which have been dug yield only brackish water. The vegetation is limited to a few cocoanut trees, of which the milk, with sea water, constitutes the only drink of the natives. It is a question how men can live when constantly using a liquid of which all bathers, who have perforce swallowed a few drops, know the disagreeable qualities. Is it an effect or habit, or a natural disposition, or characteristic of race? It is inexplicable; the fact, however, is affirmed by the majority of navigators who have visited those distant shores. Cook and Lapérouse both mention it, and more recently Dupetit-Thouars has described the inhabitants of Easter Island as true amphibia, drinking sea water without feeling any inconvenience from it.

Results of Intermarriage.

Mr. George Darwin, after searching investigation, concludes that "the widely different habits of life of men and women in civilized nations, especially among the upper classes, tend to counterbalance any evil from marriage between healthy closely related persons." Mr. Darwin's views are in a measure sustained by Dr. Vorni's inquiry into the commune of Batz. Batz is a rocky, secluded, ocean-washed peninsula of the Loire Inferieure, France, containing over three thousand people of simple habits, who don't drink, and commit no crime. For generations they have intermarried, but no cases have occurred of deaf-mutism, albinoism, blindness, or malformation, and the number of children born is above the average.

The Opium Habit.

A Southern exchange says that opium-eating prevails to a terrible degree in Atlanta, Georgia. In answer to the question, "Are there many men in Atlanta who have become addicted to the use of this drug?" a druggist said: "Yes, and a great many more ladies. The habit is fearfully on the increase. We sell enough every week to kill a thousand people. It is taken by persons who are used to it, but it does an immense amount of damage."

—An English correspondent says that General Skobeloff's camp is the only Russian camp he saw that was clean, in the English sense of the word. All the rest are utterly unclean, and breeders of disease. This is one of the chief causes of the frightful mortality among the Russian soldiery. The chief complaints are strictly "filth diseases."

OBITUARY.

SILAS D. SCUDDER, M.D.,

Died, in Brooklyn, December 24th, of Bright's disease, in his fortieth year. He was a graduate of the New York Medical College. He was first brought into prominence as a physician by his labors, a number of years ago, as the chief of the medical staff of the Sims Hospital for Women, in New York city. Upon resigning his charge, Dr. Scudder went to India, and began labors there that procured for him a great reputation as a medical practitioner. His chief work was in the establishment of a women's hospital at Madras. This institution he rendered so beneficial that the Vice-regal Government took it under its protection and assured its permanency. Dr. Scudder returned to this country about four years ago, and settled in Brooklyn, where he rapidly acquired a practice. He became a member of the King's County Medical Society, and in its proceedings showed those qualities which had won for him a reputation abroad.

MARRIAGES.

HAND—CASE.—At the residence of Judge Alexander Connor, Dr. R. M. Hand and Miss Annie B. Case, all of Shubuta, Miss.

ADGATE—FISK.—In Trenton, N. J., December 20th, 1877, by the Rev. Walter A. Brooks, Dr. L. W. Adgate and Mary Imlay, daughter of the late Rev. Joel Fisk.

ASHLEY—ATWATER.—On Wednesday, the 19th ultimo, at the Church of the Puritans, 130th st., New York, by Rev Edward L. Clark, Lucius C. Ashley and Bessie H. Atwater, daughter of Dr. William Atwater, all of New York.

BELL—KIRK.—At Enosburg Falls, Vt., December 7th, by Rev. Homer White, Dr. A. R. Bell and Elizabeth Kirk, both of Enosburg Falls.

HARSHBARGER—ESTES.—On December 12th, 1877, by the Rev. D C. Vance, Dr. J. F. Harshbarger and Miss Stella, daughter of H. G. Estes, Esq.

JOHNSON—PRICE.—On the 13th instant, at the Thirty-ninth street Baptist Church, New. York, by the Rev. Stephen F. Elder, D.D., Russel H. Johnson, M.D., of Philadelphia, and Grace H. Price, elder daughter of William M. Price, Esq., of New York.

MANNING—GARRETSON.—At No. 23 Ellen street, New York, on the 20th ultimo, by Rev. Sylvester Weeks, Dr. N. H. Manning, of Rigdon, Ind., and Miss Virginia B. Garretson, of New York.

MORRISON—WELLS.—On Thursday, Dec. 27th, at St. Peter's Church, by Rev. A. B. Beach, D.D., J. H. Morrison, Jr., and Minnie, daughter of Dr. O. P. Wells, all of New York.

PALMER—SMITH.—At Newtonville, Mass., December 5th, by Rev. John Worcester, Frederic N. Palmer, M.D., of Boston, and Jane I. Smith, of Boston, daughter of the late Ogden Ross, of Cincinnati.

SMITH—PEACE.—In Philadelphia, on Thursday, December 13th, by the Rev. Edward L. Lycett, Dr. Robert Meade Smith and Florence, daughter of Edward Peace, M.D.

DEATHS.

BULLUS.—In New York, Thursday, December 20th, Eliza Ann, widow of Edward Bullus, M.D., and daughter of the late Thomas Ellison.

COLEMAN.—In Trenton, N. J., on the 19th ultimo, Dr. James B. Coleman, in the 71st year of his age.

JEANES.—In Philadelphia, on the 18th ult., Jacob Jeanes, M.D., in the 78th year of his age.

MARCHAND.—On April 26th, 1877, at his home, on Shady Lane, Pittsburg, Pa., John I. Marchand, M.D.

PENNINGTON.—In New York, on Thursday, the 20th ult., Anna J. McLellan, wife of Dr. S. H. Pennington, and daughter of the late Joseph Pope, Esq., of Portland, Maine.

SANDS.—At Cairo, Egypt, December 20th, Dr. Austin L. Sands, of Newport, Rhode Island.

SCUDDER.—In New York, on December 24th, 1877, Silas D. Scudder, M.D.

WILDMAN.—At Fallsington, Pa., December 15th, Dr. Elias Wildman, in the 34th year of his age.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1090.] PHILADELPHIA, JAN. 19, 1878. [VOL. XXXVIII.—No. 3.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

FRACTURE OF THE TIBIA AND FIBULA, WITH INJURY TO THE POSTERIOR TIBIAL NERVE. GIVING RISE TO GRAVE AND UNUSUAL SYMPTOMS.

BY G. W. NESBITT, M.D.,

Of Sycamore, Ill.

By a perusal of the case of "fracture of the humerus, with injury to the musculo-spiral nerve," reported by Dr. O. B. Ormsby, of Murphysboro, Illinois, I am reminded of a case, similar in some respects, which occurred in my practice several years ago. As I had never met with a case of the kind before, and as I was unable to find any similar cases reported, I took notes of the case, with the intention of reporting it at some future time. But like many another busy practitioner, more intent on relieving suffering, and "keeping the wolf from the door," than enlightening our brethren, I have neglected the matter until this late day. And had it not been for Dr. Ormsby's article in the REPORTER of December 8th, it might have slept in my note-book for another decade.

I shall present the case without advancing any theories as to the cause of the various symptoms, and without commenting on the treatment, as to take into consideration and discussion all the questions suggested by the case would necessitate the extending of this article far beyond its proposed limit.

CASE.—May 20th, 1868. Six o'clock P.M., was called to see D. H. McC., farmer, age 46, who had been injured by a team running away with a harrow.

Found an oblique fracture of the tibia, at about its middle, and fracture of the fibula three inches higher up. The fracture was evidently caused by a direct blow on the front of the leg, as the fragments were driven backward; and there was a contused wound of the soft parts over the spine of the tibia at the point of fracture, making it compound. Set the bones, and applied side splints; left the patient feeling comfortably.

May 21st, one o'clock P.M. Found patient in a state of wild delirium. The nurses (two very intelligent men) informed me that he had rested well all night, and they had found it necessary to give him but two one-fourth grain doses of morphiæ sulph, as he had slept about three hours. At three o'clock A.M. he had complained of slight nervous twitchings at the seat of the injury, when they gave him the first dose of morphine (one-fourth grain). At six o'clock he complained of cramps in the right hand and arm, and for the first time began to show signs of delirium, talked incoherently and seemed confused, but complained very little of the injured limb. When I saw him at one o'clock he was in a copious perspiration; pupils dilated, and eyes staring wildly. Pulse varying at short intervals from 84 to 100 per minute. The thumbs were contracted into the palms of the hands; and occasional contractions of the pectoral muscles; deglutition was performed with difficulty. Gave hyd. sub. mur. ℈j, applied sinapisms to back of neck, and down the spine, with cold to the head.

At 7 o'clock P.M. invited Dr. O. M. Bryan to see the patient with me. Found him completely comatose; breathing stertorous; pulse 100, full. Removed splints and all dressing from the leg, and applied extension, steady and continued for several hours, in hopes of liberating any nerve that might be injured or pressed between the fragments. Applied warm fomentations to the limb, continued cold to the head, and repeated the dose of hydrargyrum sub muriate, one scruple.

May 22d, 8 o'clock, A.M. Called Drs. Bryan, Garvin and Mayo in consultation. Found patient in about the same condition: comatose; breathing stertorous; pulse 100, full. Prognosis very unfavorable. Passed a catheter and drew off about two pints of urine. As the bowels had not moved, administered, with some difficulty, two ounces of Epsom salts. Applied sinapisms to the entire length of the spine, also to the upper extremities and chest, as well as to the uninjured leg. At 9 o'clock A.M. gave potassium acetate, two drachms, and oleum tiglii, two drops. I remained with him till evening, giving oleum tiglii every hour. At 7 o'clock P.M. had given thirty drops of the oil, and warm, stimulating enemas, to the amount of several quarts, and all, apparently, to no purpose. Left the patient at 7 o'clock, with directions to repeat the dose (4 drops) of oleum tiglii in two hours, if the bowels should not have moved by that time.

At eight o'clock P M. a messenger came to inform me that the medicine had commenced operations, as thorough and persistent as its administration had been kept up through the day.

23d, five o'clock, A.M. Patient shows signs of improvement; notices friends, and is apparently conscious of what is going on around him, but is unable to speak so as to be understood. Respiration more natural; pulse 80; soft and regular; swallows without difficulty; gave stimulants and gruel in moderate quantities.

From this time on his recovery was steady but slow. For several days after he was able to converse upon any business affairs he could not speak a proper name, and studied to avoid them in conversation, with much the same tact that a lunatic will, at times, hide the signs of his insanity. And for nearly a month he described things as being "turned around." For instance, all the teams passing along the road troubled him exceedingly; as he could not be convinced that they were not driving diagonally across his corn field, instead of in the road.

Union of the bones was delayed for some time, on account of the attack; and it was not till the end of the ninth week that the splints could be removed with safety.

Recovery of the limb was complete, with the exception of a paralysis of the parts supplied by the posterior tibial nerve, below the point of fracture, which I think supports the opinion that I have always held in regard to the case, that the grave symptoms above noted were due to a puncture, laceration, or some other injury to the nerve at the time the bone was fractured. And in this respect I believe the case to be similar to the one reported by Dr. Ormsby.

ON RESECTION OF THE HUMERUS.

BY FRANKLIN HINKLE, M.D.,
Of Columbia, Pa.

CASE 1.—O. Kelchner, aged about twenty-five years, employed by the Reading and Columbia Railroad Company as brakeman on a freight train, January 5th, 1869, received a severe injury while switching off cars at Silver Springs, Pa. The bumper was icy, and he slipped, and was violently thrown to the ground, causing a fracture of both bones of the forearm, and a compound comminuted fracture of the humerus of the same, about its centre. The whole arm was badly contused. His arm received a temporary dressing, and he was taken to his home in Reading, where it was properly attended to by his physician. The fracture of the forearm, with injury to the wrist, made a good recovery in a reasonable period; but the union of the fractured humerus proved unsuccessful, keeping up a constant suppurating discharge, which, at last, was more or less ichorous. This constant drain upon the system, together with the agonizing pains in the injured arm for the past four months, ended now in a general inflammation of the entire arm. May 1st, this patient presented himself at my office to ascertain if anything further could be done for his relief. A careful examination was made, and the following opinion was given: Believed both ends of fractured bone to be necrosed, and detected a piece of bone lying like a wedge between the two fractured ends, which, evidently, was the true cause of non-union.

Patient informed me that a number of small pieces had been removed by his physician. He was informed that, if the bone was not dead too high up, a resection could be made, and he might again have a useful arm. Otherwise amputation would be necessary. Patient communicated my opinion to G. F. Gage, Esq., superintendent of Reading and Columbia Railroad Company, who desired the operation of resection to be performed. May 5th, patient being properly prepared, was etherized. Made an incision about six inches long on posterior part of arm, through the triceps muscle, and bringing into view the entire seat of injury, with the wedge-shaped piece of bone between the two ends of the humerus, which I removed. I then removed the necrosed superior end of the humerus at the surgical neck, with the chain saw, and also part of the inferior dead end, brought the surfaces of the bone together and secured them with silver wire, drilling two holes through the edges of the bone, then closed the wound with wire sutures. The entire arm was then placed in a tin splint, suspended by cords and pulley from the ceiling; thus his arm could be observed daily without any unnecessary handling. From this time he gradually improved and permanently recovered with a good, useful arm. Accompanying this is his photograph, taken ninety days after the operation, showing the advantages of a splint that I had made to wear as a valuable protector after such important sections, to prevent any future injury in the daily risks of his work. The chief advantage is that there is no danger from compression of important vessels of the arm.

Case 2.—Christian Stolzfusz, aged 26, a farmer of New Holland, Lancaster county, Pa., while attempting to fell a tree, was caught by one of the limbs and pinioned to the earth.

Upon being released, it was found that he had a simple oblique fracture of the humerus, a little above the middle third, with severe contusion and laceration of the arm. His family physician being called in, rendered him all necessary aid, but, unfortunately, the case terminated in an ununited fracture, which was of fourteen months' standing when he presented himself at my office for examination and opinion, February 7th, 1877.

The opinion was based upon the following conditions, viz.: If the superior end of the bone was necrosed above the surgical neck of the humerus, and the inferior fractured and necrosed too low down, amputation would then be an inevitable necessity. Thus he had, first, the advantages of the greatest boon in surgery—its conservatism—by exsection and resection of the diseased tissues, leaving the patient with a useful arm or limb, that years ago would have been unnecessarily amputated. Secondly. Amputation, from extensive disease of the bone and tissues involved. Thirdly. To prevent pyæmia, which occurs in such cases, often causing our greatest disappointment by the sudden chill and death of our patient.

The patient left my office, saying that he would return again and give me his decision.

On February 20th, 1877, he returned, and I successfully performed the operation of resection. After he was thoroughly etherized, I made a longitudinal incision of five inches along the anterior border of the triceps muscle, etc., bringing into view the necrosed ends of the bone. In the superior portion the bone was found necrosed high up into the surgical neck. Fully two inches of each end were removed with the chain saw, and Brainard's drill was used, making oblique openings through the ends of each bone, and then the ends were brought into close apposition and secured by silver wires. The wound, also, was secured by silver sutures.

The arm was then laid in a tin splint or trough, with roller applied over it, and suspended, as in Case 1; but finding the under part of the arm daily bathed in pus, I used my new splint, with entire satisfaction.

I think it is one of the greatest acquisitions, in the practice of surgery, to be able to devise the best appliances to suit each case, as no work on surgery could give them in detail. Therefore I consider it my duty, as well as my great pleasure, to bring to the favorable notice of the medical profession a splint and principle that has afforded me unbounded success, both in my private practice and during the late war, in which I served nearly four years. It is a wire splint, which any tinner can make in half an hour, made to fit the entire upper surface of the arm, and at any required angle. I had two made, at different angles, in order that I might change the position of the elbow joint. I use strong, galvanized wire, making the splint the full length of the arm, with convex cross-bars. It is placed *upon* the arm, and a piece of tin, five inches long by four inches wide, and perforated, is placed on the under surface of the arm, to prevent any gravitation of the bone. The splint is then held in place by broad, adhesive strips, and a roller applied from the hand to the shoulder, with cotton interposed at the shoulder joint, while the wound is covered with a rag saturated in glycerole carbolic acid. A roller applied to support the splint and arm, completes the dressing. Then, with simple cords attached to a pulley suspended above the bed, the arm hanging free, the patient can sit up or lie down at pleasure, and the arm can be dressed at any time, without the removal of the splint.

At the end of thirty days I found that the bones had become sufficiently united to allow the removal of the wire, and at the end of the eighth week union was complete, so that the patient could support the arm.

June 9th had a steel splint made for him at Kolbe's, which completes this case, and gives him the benefit of a useful arm.

On August 25th the patient made his final visit to my office. He expressed himself entirely satisfied with the use of the splint, and says that his arm is daily gaining strength, and that he can lift weights of from eight to ten pounds. I am happy in thus being able to present two successful cases of conservative surgery.

ONANISM.

BY. W. STUMP FORWOOD, M.D.,
Of Darlington, Md.

The clinical lecture upon "Sexual Exhaustion," delivered before the students of the University of Pennsylvania, by Professor H. C. Wood, Jr., and published in the MEDICAL AND SURGICAL REPORTER, December 22d, 1877, attracted my attention, and was read with interest and instruction.

The lecture contains one statement, however, that occasioned some little surprise, coming from so astute an author and lecturer. That is, he makes no distinction between the terms onanism and masturbation. He uses these words: "Sexual exhaustion may be due to two causes, viz., excessive venery and onanism, or masturbation. There may be, perhaps, a slight difference in the meaning of these latter terms, but I shall use them synonymously." (Why?) If we interpret the Scriptures intelligibly, according to my comprehension, there is a very wide difference in the meaning of those terms.

Masturbation is a *solitary* practice, while onanism is a *dual* act. This distinction is not made among the laity, but we look to our medical teachers for absolute precision in such matters.

Our attention was first directed to the medical definition of onanism by a sprightly little editorial article which appeared in the pages of the *North American Medical and Chirurgical Review*, Philadelphia, in either the year 1857 or in 1858, of which the distinguished Professor S. D. Gross was the editor, and, presumably, the author of the article in question. I regret that I have not a copy of the said journal at hand, for quotation. The substance of the matter is, however, indelibly impressed upon my memory.

The writer of the article referred to (supposed to be Dr. Gross) had satisfied himself as to the sense in which the term onanism was used, through researches into the ancient records. He stated that it was very clear from the original account of onanism, that Onan copulated with his wife up to the moment of ejaculation, and then, by withdrawal, "spilt his seed upon the ground."

The scriptural account of Onan and his deeds is to be found in Genesis, xxxviii. 3. "And she conceived and bare a son; and he called his name Er. 4. And she conceived again, and bare a son; and called his name Onan. 5. And she yet again conceived and bare a son; and called his name Shelah: and he was at Chezib, when she bare him. 6. And Judah (their father) took a wife for Er, his first-born, whose name was Tamar. 7. And Er, Judah's first-born, was wicked in the sight of the Lord; and the Lord slew him. 8. And Judah said unto Onan, go in unto thy brother's wife, and marry her, and raise up seed to thy brother. 9. And Onan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother. 10. And the thing which he did displeased the Lord: wherefore he slew him also."

While we find it very clear, from the perusal of the foregoing passages, that masturbation is not referred to, for Onan would not "go in unto his brother's wife" for that purpose, still the translators have shown unnecessary modesty in not explaining exactly what their meaning was. Indeed, in point of modesty, and utility also, for that matter, the entire chapter might have been omitted, so far as instruction or good morals are subserved.

The writer in the *North American Medical and Chirurgical Review* stated that it was a law among the ancient Hebrews for a brother to marry his brother's widow, whether congenial to his affections or not, and that his property should not only be divided among his own children by his brother's wife, but equally among his brother's children also, to the detriment of his children by the wife of his choice. But should he have no children by his brother's wife, then the law did not regard the marriage as consummated, and therefore his brother's children were not entitled to any portion of his property. This is the substance of the version of the motive, so far as I can remember, which induced Onan, after going unto his brother's widow, to "spill his seed upon the ground."

The entire history of the case, without considering the motive that induced Onan to act as he did, precludes all idea of masturbation (or solitary practice). Evidently the marital duties were performed to the last moment, when the withdrawal took place, to avoid conception.

If these definitions of the two terms under consideration are correct, as we believe them to be, then it will be apparent that there is no analogy between them, except in results, and that they should always be used with a view to their separate significations. Certainly there are means in the reach of those versed in the history and the laws of the Hebrews of verifying or disproving our definition of onanism.

It would be exceedingly gratifying to myself, and doubtless would be to every reader of your journal, to have a more precise explanation of these illy understood terms, through your columns, from the pen of America's great surgeon, Professor S. D. Gross. If there be any foundation for the definition of onanism as we have given it, and as derived from the authoritative source aforementioned, it is surprising indeed that such a learned author and such a celebrated lexicographer as the renowned Dr. Dunglison, in his Medical Dictionary, decidedly the best and most complete of its kind in our language, should have fallen into the error of defining onanism by simply one word, "Masturbation."

This subject is manifestly worthy of the attention of those learned in the lore of the ancients, and it is to be hoped that that attention will be accorded to it.

PHYSICAL EXPLORATION OF THE RECTUM, IN DISEASE OF THE PROSTATE GLAND.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, Ohio.

The following case came under my observation in October, 1877, and is narrated on account of its interesting features, from a diagnostic point of view:—

Mr. C., a gentleman between 23 and 24 years of age, consulted me relative to the importance of certain symptoms which he had been led to believe were indicative of serious disease of the terminal portion of the intestinal canal. He has enjoyed the best of health since a child, and although a resident of a city since his thirteenth year, when he was thrown upon his own resources and deprived of the restraints of family associations, he has been abstemious and regular in his habits. Eighteen months ago, however, he contracted a urethritis, which was never very severe. Seven or eight months since the discharge assumed a gleety character, which now troubles him but rarely. In August, 1877, he went to the country to spend a few weeks. While away from business at this time, he took part in a hunting and fishing expedition into the wilds of West Virginia. Necessarily exposed to the inclemency of the weather, as he was at this time, he soon began to suffer from pain along the urethra and behind the pubes, although no discharge of any importance developed. His testicles became tender, and the whole perineum grew sore. This condition of his genito-urinary system determined him to return home, but a certain amount of additional exposure was inevitable, and that sufficed to develop a lancinating, throbbing pain, deep in the fundament. The pain grew so distressing that he left the cars at Charleston, on his return from the Falls of Kanawha, and took passage home by boat. A few days' rest made him feel much better, but he was utterly unable to resume business. Standing for any length of time induced a very severe pain; the same was true when he sat for more than a few minutes without changing posture. Evacuating his bowels was another serious trial; he generally had to lay down immediately after performing that function. If the fæces were at all hard, a throbbing, stinging pain would be excited. Sometimes he had trouble in passing water, and occasionally would be compelled to wait for an hour or two before he could relieve himself.

The eight weeks which had elapsed from the time he was attacked in the mountains until he saw me was a period of great mental and physical distress; he lost flesh and appetite, grew despondent, and consulted numerous physicians. When I saw him, he manifested surprise when I said that a rectal examination was necessary, and it was not until his second visit that he consented. Immediately within the ring of the sphincters, my finger came in contact with a large, soft protuberance, and in manipulating to pass it the patient gave a start, the obstruction seemed to subside, and a profuse flow of extremely offensive pus compelled me to desist from further exploration. The patient was at once placed on a chamber vessel, and passed fully two-thirds of a pint of pus, streaked with blood. The next afternoon the examination was repeated, and I found that the abscess communicated with the right lateral lobe of the prostate. No pus passed *per urethram*, and no trouble was experienced in evacuating the urine. The importance of quietude was explained to the patient, and he was directed to take an ounce of cod-liver oil three times a day, and after each passage to wash out the rectum with a teacupful of warm water to which thirty drops of the tincture of the chloride of iron had been added. Also, for the first week, whenever he felt any inclination to evacuate the contents of his bowels, he was at once to inject a half pint of warm olive oil. The last information I received from this patient was on the fifth of December, 1877. He then wrote that his progress had been steadily toward health, since my second examination; that he had followed my directions to the letter, and that his bowels moved at least twice a day for the first week, and never caused him the slightest pain. For a few days, he passed pus, and a little blood; this soon subsided, he began to gain strength, and within a month from the bursting of the abscess he was back at his old place in the store, entirely free from pain and discharge. His last inquiry was as to the necessity for continuing the oil, when he seemed in such robust health. Of course I directed him to discontinue it, now that it was of no benefit.

This case illustrates very decidedly the necessity for rectal examinations in other diseases than those which implicate the terminal portion of the large intestine. The importance of this method of physical exploration in uterine, vaginal and ovarian diseases is so generally recognized that it needs no words from me. But the case is different in males; in general practice it is but little resorted to, and in certain instances, when used, its advantages are not appreciated, simply because the observer has not previously familiarized himself with the relations of neighboring parts. In diseases of the prostate gland rectal exploration is absolutely indispensable. Its importance in all diseases of the walls of the rectum need not be dwelt upon now. But in any event, whether the finger is passed for the purpose of discriminating the various affections of this part of the intestine, or to diagnosticate diseases of the prostate gland, a preliminary acquaintance with the size, situation and tactile qualities of all the structures that can be felt with the exploring finger should be acquired by whoever treats diseases of this part of the human organism. In connection with the foregoing case, therefore, a few remarks relative to rectal exploration in diseases of the prostate gland which simulate affections of the rectum of an obscure character, may not be out of place. But first, as to phenomena of a tactile character which can be appreciated by the exploring finger when the prostate gland and contiguous parts are in a healthy state.

In order to successfully explore the cavity of the rectum, the patient should be on his back, so that the surgeon can use his left forefinger. The finger, properly lubricated, should be gently insinuated through the anal orifice, and carried as far as possible into the rectal cavity. When this manœuver is properly executed, the surgeon will have two phalanges beyond the constricting band of sphincter fibres free to move along the intestinal walls. As the point of the finger passes through the muscular ring at the anus, the bulb of the urethra can be felt immediately within the sphincter, and in the median line on the anterior wall of the rectum. The anterior wall of the rectum recedes just within the sphincters; at this point the bulb of the urethra can be felt, and just beyond it, also in the median line, the membranous portion of that canal can be recognized. As the finger is inserted more and more, its pulp comes in contact successfully with the apex of the prostate, the body of that organ, and lastly, the yielding vesical walls beyond. The body of the prostate gradually widens out, after its apex is passed; the course of the urethra through it can be detected by the depression which marks the central union of the two lateral lobes, and the internal limit of the organ can be determined by the interlobular notch, which can be readily felt in health. If the finger be carried laterally from the urethral depression, the outlines of each lateral lobe can be traced, and their size, form and resistance appreciated. The aid of a sound may sometimes be required; when one is inserted, the chestnut-like form of the prostate becomes very strongly marked. With a little more compression of the perineum of the patient, by the closed fingers of the left hand, the surgeon will be enabled to trace the outlines of the seminal vesicles, and judge of their tactile qualities in health.

In disease of the prostate the surgeon determines the pathological changes it has undergone by the modifications in shape and consistence which he can recognize with his finger. A prior study of the relations of the part in health is, therefore, a matter of the greatest importance in diagnosis. Not long since a patient was sent me for operation, by a professional friend, in whose case prolapsus of the rectal mucous membrane had been developed by a chain of causes, the first link of which was an enlarged prostate. Of course, no operation, however carefully performed, could have cured, or even relieved for any length of time, a prolapsus so induced. The interference with micturition led to violent efforts to empty the bladder, and developed the prolapsus. Little attention was paid to the intestinal trouble at the time; in fact, the connection between the two lesions had never been noticed by the patient. When he was up and about, the prolapsus caused him pain and annoyance. When he was laid up with the agony incident to retention from prostatic congestion, the defect at the anal orifice was not thought of. Therefore, when he went to his physician for permanent relief from the annoying prolapsus, the latter did not have his attention drawn to the connection between the prostatic hypertrophy, and the relaxation of the rectal mucous membrane, but advised an operation, and sent the patient to me for relief. In the case to which these remarks are appended several skillful medical men gave the patient advice, but none of them diagnosticated abscess of the prostate. And I must state, in this connection, that however clear the chain of symptoms seems, as I have detailed them, yet the strong preconception the patient entertained, that he was suffering from disease of the lower bowel, led him to slur over all that pertained to the original urethral disease, and to dwell at length upon the idea that he had an ulcer of the bowel. In neither of the foregoing cases could a mistake have been made had a rectal exploration been resorted to. The last sentence recalls to my mind a case in which scrofulous disease of the vesiculæ seminales escaped my thoughts in a patient I treated for a long time, without either benefiting him or determining what ailed him. Some trifling circumstance directed attention to the rectum, and a physical examination revealed the cause of all the obscure vesical and genital symptoms.

A CASE OF DIABETES MELLITUS. RECOVERY.

BY C. C. SCHUYLER, M. D.,
Assistant Surgeon, Troy Hospital, New York.

The patient was a professional man, aged 40 years. He states that for several years, from three to five, before becoming acquainted with the nature of his malady, he had been tormented with an excessive thirst and was aware of the frequent passage of large quantities of urine, which he attributed to the enormous quantities of fluid taken to assuage the thirst. To these symptoms he paid but little attention, and did not consult a physician until a feeling of great lassitude and languor incapacitated him for performing his usual amount of professional labor. The patient had theretofore been a healthy, robust man, of good habits, accustomed to much exercise, weighing nearly two hundred pounds. Upon being questioned by his physician, it was discovered that in addition to the increased and frequent micturition and excessive thirst, his skin was dry and harsh, and that for a long time he had been unable to sweat. The urine was of a pale straw color, of a specific gravity of 36°, upon agitation becoming frothy, and emitting an odor of cut grass or hay.

It was soon after this that the patient came under my observation. At this time the torments of an unquenchable thirst became almost unendurable; the patient swallowing, at frequent intervals, every conceivable kind of liquid; tea, coffee, beer, soda water, milk, etc., were indiscriminately consumed, the sum total averaging from four to six gallons in twenty-four hours; no relief, however, being obtained from this enormous consumption of fluid. The most violent exercise in midsummer failed to excite perspiration. Turkish baths were resorted to with no effect. He became uneasy, restless, and prostrated, and began to lose flesh rapidly. Here a variety of concomitant symptoms intervened. He became afflicted with phimosis, and was compelled to submit to an operation which afforded, however, only temporary relief, being followed by an elongation and swelling of the prepuce, a condition nearly as bad as that previous to the operation, which, by the way, was merely a slitting up of the prepuce.

An eczematous eruption over the corona glandis now made its appearance, occasioning the most intolerable itching, and necessitating constant friction over the parts, for temporary relief. Permanent relief was finally obtained from injections under the prepuce of solution of extract golden seal. Like Job, there seemed to be no limit to his sufferings, for there now appeared a crop of anthrax and furunculi. These were followed by a pustular eruption appearing in the nostrils, the ends of the fingers, and the feet. Near the heel of one foot there came what at first bore a striking resemblance to a "stone bruise," causing a sharp pain when stepped upon. Great swelling, and the formation of a deep-seated abscess followed, occasioning great suffering, and necessitating the use of crutches for some months. Three of the incisor teeth became loosened and dropped out, though previous to the disease they had been in perfect order. Although in this case there was no serious impairment of vision, as is often seen in the diabetic, the patient for a long time suffered from diplopia. He became greatly emaciated, decreasing in weight from 195 to 128 pounds.

The greatest lassitude pervaded the whole system; for weeks and months he was unable to leave the house, and spent most of the time in a recumbent position, destitute of the necessary strength and energy to sit up or dress himself. During this time the immoderate thirst and augmented urinary secretion continued. At several periods he endured the strict regimen of the meat treatment. While confined to this diet the disease was not progressive, but the patient did not regain his strength, and was still emaciated. He says that, in his opinion, but few persons can have the fortitude to continue the diet for more than a few days; that he is convinced that while it will not cure the disease it will hold it in abeyance, and mentions an instance when, having for two months confined himself strictly to the diet, he visited a friend in the country, and that from 9 A.M. until 4 P.M., on the day of his visit, he micturated three times, but having imprudently eaten a hearty dinner of a variety of farinaceous food, including potatoes, the immoderate micturition commenced, and continued at intervals of less than half an hour.

The muscles of the thighs, in the end, became affected; there was want of power of coordination, and they were painful, "feeling," he said, "as if they had been beaten."

At this period of his suffering the patient heard of the "medicinal qualities" of the water from Bethesda Spring, at Waukesha, Wisconsin. After using the water at home for a short time, he determined to visit the spring. It was with the greatest difficulty that he was able to perform the journey, and it was only after a rest of two days at Chicago, that the patient finally reached his destination. The difficulty in his legs had increased to such an extent that he was now unable to walk, and was confined to his bed for ten days.

A constant use of the water produced the most marked results. He perspired freely; the intolerable thirst ceased, and the use of his limbs gradually returned, and at the end of nine weeks a careful analysis of the urine *failed to show the presence of sugar.* The specific gravity was normal.

The patient at this date (December 25th), weighs 175 pounds, and in conversation with him at my office, a day or two since, he expressed himself as cured. He certainly has the appearance of being a man in perfect health.

From personal observation of this case, I consider the recovery most remarkable. Every other known treatment had been assiduously carried out, and signally failed. The gentleman is of a discerning mind, and not likely to be led into error, and attributes his cure solely to the use of Bethesda water, an opinion which I share with him. I have not reported the case to advertise the virtues of a proprietary mineral spring. If this water is a therapeutic agent, why should the profession not know it?

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

Reported for the MEDICAL & SURGICAL REPORTER.

Fracture of the Femur.

This little boy has fallen and broken the left thigh bone pretty high up. You see here shortening, preternatural mobility and very evident deformity at the seat of fracture. Manipulation of the fragments gives at once crepitation, which serves to establish the diagnosis. The shortening in fracture of the thigh is often more apparent than real; it may be so in this instance. We determine the amount of shortening by measuring the distance from the anterior superior spinous process of the ilium to the internal malleolus, and comparing the length of the fractured side with that of the sound side. The broken limb is not likely to be more than an inch shorter than the sound one. The shortening is here, however, fully an inch. I infer from this that the fracture is oblique. They say an inch is an extraordinary amount of shortening for a child. We have here, then, a fracture, very oblique, occurring at the middle of the thigh, with jutting upward and displacement forward of the upper portion, as in all cases of fracture of the middle. This is caused by powerful muscles drawing upon the upper fragment, pulling it upward and forward, and must be always guarded against. The case shall be treated by extension. I wish you to notice the manner in which the adhesive strips are put on. You see they extend along the inner and the outer aspect of the limb from the heel to a little distance above the seat of the fracture. If the strips are found to be only a little too long, that is, if they extend only an inch above the fracture, they need not be cut off. These longitudinal strips are confined by several narrower transverse strips. This pulley will be put on the foot of the bed, and the weights, say six pounds, will be placed in the cage and connected to the block beneath the sole of the foot by means of a cord passed over the pulley. A bandage is next placed over the adhesive strips, extending fully up to the seat of the fracture. Owing to the shrinking of the limb this may need to be reapplied in a few days. In cold weather the adhesive strips need not be frequently changed, but in the warm season it may be deemed advisable to change them at intervals of two or three days. Counter-extension in these cases is sufficiently made by the weight of the body, especially if the foot of the bed is elevated, and the limb is steadied by sand-bags laid along the sides of the thigh.

Epithelioma of the Wrist.

This young man is suffering from a carcinomatous ulcer, situated superficially on the palmar and ulnar aspect of the left wrist. This form of carcinoma is called, from the structure involved, epithelioma. You will notice that the margin is everted, eaten, or gnawed in appearance. The position is unusual. Epithelioma deviates less from the normal structure than any other malignant growth. It might, therefore, be called less malignant than the other forms of carcinoma. Under the microscope the cells have the appearance of the epithelial cell. In the epithelial cell there is a resemblance to skin and mucous membrane, and we find it is preeminently a cancer of the skin and mucous membranes. Causes of irritation, such as smoking, etc., may give rise to it; cutting the tongue by a sharp tooth, or a deposit of soot on the scrotum, or about the margin of the anus or the prepuce, as in the case of chimney sweeps, may be the exciting cause of this disease. This case so much involves the adjacent structures that I should prefer to amputate, but the patient is unwilling to submit; I shall therefore excise it.

The Esmarch bandage is put on the limb, and the patient is etherized, after which the ulcer is dissected out by cutting away some portion of the sound tissues. The ulcer is two inches broad by three inches in a lateral direction. We should expect to find in such a cancerous growth, large cells with large nuclei. We use, for convenience in the dissection, the Esmarch bandage, not as originally constructed, but substituting a band of pure, elastic rubber for the elastic web. Instead of the narrow, constricting tube of Esmarch, I have also introduced a broader and flat elastic band. Thus modified, the bandage is kept by all the instrument makers, and is even sold at most of the drug stores. The old web soon became soiled by discharge, and was then undesirable. We used to wear out one web after another until finally we got into the habit of using the plain rubber and we have never had occasion to deplore the change. If it should become soiled, it can be washed easily, and is again fit for use. Now, I have dissected out this ulcer. No large veins are involved, and we shall expect no troublesome hemorrhage. We shall put on a compress and oiled lint, and make some pressure, which will control whatever hemorrhage may ensue. * * * * * * *

The ulcer proved intractable, and finally the patient was obliged to allow amputation.

Extraction of Cataract.

The first patient whom I shall bring before you this morning, is one upon whom I propose to perform a double extraction operation for cataract. This operation consists in the removal of the entire lens from the eye. In former times the one method of operation used was called the "flap operation," because the incision was made so large as really to constitute a flap, the corneal incision involving one half the periphery of the cornea. This was made with Beer's knife, and the lens was drawn out through the pupil. A vastly superior method has been in vogue only for the last fifteen years, and was the invention of Graefe, and is called, after him, "Graefe's

Operation." By the old method the failures were fifty per cent.; but now the smaller corneal incision is associated with iridectomy, and the failure of the operation is much less frequent. If the iris is cut through there is less liability to suppuration than if the lens is extracted through the pupil (necessarily bruising the iris), and, in addition, the corneal incision can be smaller. In the operation of Von Graefe the incision is in the sclerotic, but still keeping anterior to the iris. An incision can be thus made, and not at all involve the cornea. The operation is performed with a narrow knife, which is entered a certain distance into the anterior chamber, then tilted up, and brought out through the sclerotic, just beyond the cornea, making a linear incision much smaller than the old flap.

The next part of the operation is the iridectomy. I prefer using an iris hook to draw out the iris through the first made incision. The part drawn out is cut off, leaving a cleft in the iris through which we reach and extract the lens.

The first object in approaching a case is to ascertain the amount of the opacity of the lens which varies in different cases. The first noticed subjective symptom is a loss of vision or a dimness of vision for distant objects. Soon afterwards the patient loses control of the power of accommodation, because the lens becomes harder and is less under the influence of the ciliary muscle. The patient soon finds that he can see better in semi-darkness than he can in the light. He seems to search his way, as it were, with his eyes closed or shaded with his hand. He can see better with a dilated pupil, and he secures this dilatation by thus shading his eyes. With the opthalmoscope, or oblique illumination we can at once detect the opacity. You will see striæ or segmental lines. The deposition of opaque matter on these somewhat Y-shaped lines is an early manifestation. These segmental lines are not always seen, or are, it may be, only partly developed; thus you may see a stellate appearance or radiated lines extending from the centre, or lines extending from the periphery toward the centre of the pupil. Look for these lines in examining a case. You can make a prognosis by the width and the number of the lines. The progress of cataract varies in time, from a few months to years. If the lines are thin the probabilities are that it is a case of slowly developing cataract; if the lines are thicker, whether few in number or abundant, it is a sign of rapid development. If there are a few radial lines, a few only and wide, the development will be rapid; it will be completed in a few months.

I said I would perform the double extraction operation. We do not often do this. We often find that the patient has one moderately good eye; then we prefer to operate on the blind eye first, so that it will be well before we operate upon the other. This patient comes here from a distance, and if I sent him away after operating on one eye, he would not likely find it convenient to return; hence, since he is in good condition, I will operate on both eyes, if everything seems favorable after extracting in one eye. The patient, a man, beyond middle age, has had cataract of both eyes for three years. I have been inclined to modify the Graefe operation, and make the incision corneal, entering the knife in the outside of the cornea, and bringing it out at the other side, thus making the incision at the top of the cornea. We used to make a conjunctival flap, to cover the wound when employing the sclerotic incision, but we find that it is a disadvantage to use a conjunctival flap. It is apt to bleed and thus produce practically a foreign body in the anterior chamber of the eye. We can assure the patient that the operation is not a painful one, and requires no anæsthetic.

First, to secure the eye in position with the fixing forceps, seize the tendon of the internal rectus. The conjunctiva is a yielding tissue and I want a secure grasp; then I make the corneal incision, using a sharp knife slightly oiled. The patient is directed to look toward his feet. This knife I have modified so that it is broader and thinner than Graefe's. The assistant, you see, elevates the eyelid without touching the ball; I tip down the lower lid with my finger. The incision is made. Now the iridectomy. I draw out the iris with the iridectomy hook, and excise a portion. Now I have free access to the lens capsule, which I lacerate with the cystotome, and then, by pressing, cause the lens to slip through the corneal wound. This cataract is over-ripe, that is, the nucleus is exceedingly hard, while the periphery has undergone degeneration and become softened. He has, as you have seen, little self-control, so that I shall not operate upon the other eye to-day. He closes the eyes too tightly. Before dressing the eye we shall put a drop of atropia in it. We shall tie his hands to-night, lest while asleep he rub his eye, and do harm. I wish you to notice how the assistant puts on this dressing. Pieces of black silk adhesive plaster are put on the upper lid, one over the other, so as to stiffen the upper lid and make it act as a splint. This method of dressing I devised some years ago. It makes the upper lid immovable, and is in fact a splint. One shall also be put on the other eye, to guard against sympathetic action. Compare the percentage of bad results by the old method, and then see the advantages accruing from the modern operation. By the former, from thirty to fifty per cent. were followed by loss of the eye or poor vision, while by the new method we should not lose over four or five cases out of a hundred. * * *

A week later the patient was again presented, and, with appropriate lenses before the eye, could see quite plainly at a distance, and also could read; the focusing power of the eye being destroyed by the removal of the crystalline lens, it was, of course, necessary to use a lens of higher power when the patient read than when he merely wanted to see objects around him.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hepatic Abscess Successfully Treated by Carbolic Inhalations.

The following case is reported in the *British Medical Journal*, by Dr. P. Sheehy:—

The patient, a gentleman aged 40, when in China, twenty-one years ago, had suffered from dysentery, and has since then thrice been jaundiced. On April 9th, 1877, he was taken ill with inflammation of the liver, suffering intense pain, but no jaundice. Of this he was apparently well at the end of May, except for a slight pain in the right side. On July 6th, however, after violently coughing, an immense quantity of "putrid matter," in all about a pint and a half or two pints, was brought up. The discharge continued for a week, and then entirely ceased until the end of August, when it occurred again from time to time until early in October, when it became almost constant. On October 22d, when he was first seen, the discharge varied in amount, being about nine ounces daily; it was fetid, blood-stained, sometimes clotted, and purulent. The physical signs were, a marked bulging in front, below the right nipple for about three inches, extending into the axilla and slightly posteriorly; increased vocal fremitus; impaired resonance; crepitation; cavernous breathing and voice-resonance; all these signs being most marked in front and in the axilla. The liver was felt about one inch and a half below the ribs in the right mammary line; its edge was hard. There were no other signs in the chest, either of lungs or heart.

The treatment for a week consisted of mineral acids and opium; but at the end of that time the patient was decidedly worse. Carbolic acid (half a drachm in half a pint of hot water) was then directed to be inhaled night and morning for ten minutes; and, after two inhalations only, a marked improvement took place, both in the character and quantity of the sputa and the constitutional symptoms. Since the eighth day of treatment by these inhalations, only a little sputa, and that chiefly of mucus, has been brought up in the morning. At the end of another week the patient was apparently well, went out, and has been exposed to all kinds of weather since. No bulging is now (November 26th) noticed, nor crepitation heard; and the other physical signs, especially posteriorly, have greatly improved, in fact, are only such as would be expected.

Among the many interesting features of the case are: 1. The diagnosis, which can scarcely be otherwise than that of an abscess connected with the liver, hepatic or peri-hephatic, and not any affection of the lung; 2. The contraction, though not yet complete, of the cavity of the abscess, as shown by the physical signs; and 3. The rapid improvement and recovery after the commencement of the inhalation of carbolic acid, the change being almost as marked as a crisis in pneumonia.

Iodide of Potassium Eruption.

Dr. Tilbury Fox read a paper upon this subject, at a late meeting of the Clinical Society of London. After a brief review of what was at present known concerning the toxic action of iodide of potassium in inducing eruption of the skin, the author related the particulars of two cases. In them, a few doses of the iodide produced an acneiform rash, which gradually developed into what, at first sight, appeared to be a bullous eruption, the bullæ varying in size from a pea to a shilling and more, but which it was contended was a modified phase of acne, the iodide, as in the case of the bromide, stimulating the sebaceous glands and their surrounding parts to an excessive degree, so that, as a consequence, altered serum (*i. e.*, liquid) was rapidly poured out, causing rapid elevation of the cuticle, and giving rise to the appearance of ordinary bullæ, with opalescent contents. In some instances, these bullæ-like bodies had burst, and given place to fungoid masses. The author drew attention to the fact that patients in whom this disease was produced must be regarded as possessing a peculiar idiosyncrasy as regarded the iodide, and that the rash resembled closely that induced by the administration of bromide of potassium, in some cases.

The Use of Turpentine in Diseased States of the System, of an Acute Character.

Mr. R. Perssé White, Surgeon to the Meath Hospital, Dublin, writes to the *British Medical Journal*:—

So long ago as 1860, I was led to try the use of turpentine in a case of typhoid fever in a young lady, which had run a course of twenty-eight days without extreme severity. The diarrhœa was not severe, and was kept in check by acetate of lead, with small doses of opium.

On the twenty-ninth day of the patient's illness, in fact, on the first of her convalescence, the symptoms had all abated, and she seemed to have overcome her illness. On the thirtieth day, on visiting her, I found her in a state of terrible excitement. There was some cause, but not enough, to account for her state. Fearing mischief, I at once sent for a leading physician from Dublin. He advised the use of turpentine, but his advice was based on the view that there was uræmic poisoning; for, during his visit, she had severe convulsive movements of her face. The urine was scanty; it was tested, but did not show any morbid condition. On the thirty-first day her night was terrible, with violent raving and restlessness; no sleep. On the thirty-second day she was in a worse state and almost collapsed. The sphincters were failing. The turpentine mixture had been continued since the consultation, but there was no benefit from it. She died that night.

In this case, the turpentine was given for the head symptoms. The next cases in which I used turpentine were various, and at different stages of the disease. In my earlier practice, and in hospital practice, in 1873, when I acted as physician to the Meath Hospital, in the absence of my colleague, Dr. Stokes, and of his colleague in the medical wards, I had at least one great case which showed the value of turpentine in typhoid fever. Here the chest was, in the latter stage of the fever, attacked with severe bronchitis, the bowels being much too free at the same time. The attack of bronchitis was intense, of the form common at that time; but after the second day she rallied, and passed on to complete recovery. I saw her in health long afterwards. Bronchitis was for some years an almost constant attendant on typhoid, and often the cause of death.

My mode of giving the turpentine was as follows. If bronchitis were present, and even if diarrhœa complicated the case, I gave what was known as my turpentine mixture—

℞.	Terebinthinæ olei,		ʒij
	Liquoris potassæ,		ʒij
	Mucilaginis acaciæ,		ʒiv
	Syrupi papaveris albi,		
	Syrupi floris aurantii,	āā	ʒviij
	Aquæ camphoræ,	q. s. ad	f.℥viij.

Fiat mistura. A tablespoonful to be taken every fourth hour, the bottle being first shaken.

Since I commenced that treatment, I have never lost any case of typhoid, from either bronchitis or diarrhœa, or from its sequelæ of ulceration or hemorrhage.

Dilatation of the Urethra by the Urine.

In the *Bulletin de Thérapeutique* of September 30, Dr. Berenger-Féraud recurs to this mode of treating stricture, which he had already advocated on former occasions. Originally devised by Brunnighausen in 1794, it fell into disuse after some successes had been obtained. Dr. Berenger-Féraud has persevered in giving it a full trial, and regards it, in suitable cases, as a valuable procedure. It consists in compression being exerted just behind the glans by the patient each time just before he passes urine, so that none issues until the canal has undergone dilatation by its presence in it. The practice is to be perseveringly repeated, and then, as numerous cases show, may prove very efficacious. From the trials that have been made it results—1. That dilatation so produced, performed after a gonorrhœa of some duration, may act as a prophylactic of stricture. 2. In stricture that has not advanced very far, if it do not restore the calibre of the urethra to its normal dimensions, it does so sufficiently to render micturition easy. 3. After urethrotomy it is a useful means, if not for preventing, at least for retarding, the return of the stricture. 4. It may prove of some service in varices of the prostate, neck of the bladder, and membranous part of the urethra. 5. Another class of cases benefited arises when the course of the urethra more or less deviates from its normal direction, in consequence of enlarged prostate in aged persons. The small quantity first ejected from the bladder, if retained a while in the urethra by compression, greatly facilitates the evacuation of the remainder.

Treatment of Eczema in Children.

Mr. J. Dixon remarks on this subject, in the *British Medical Journal*, that the treatment in this disease must be topical, for the relief of local irritation. The local treatment that he has always employed and found successful, has been directed to the exclusion of air and the prevention of desiccation, thus alleviating local distress. The scabs that form from drying of the exudations are, perhaps, one great cause of keeping up the disease. For the purpose of maintaining constant moisture, he frequently employs a plan recommended by the late Professor Bennett. A piece of lint, saturated in a very weak alkaline solution (thirty grains of bicarbonate of soda to a pint of pure water), is applied to the part affected, and covered with oiled silk or gutta-percha tissue. The dressing is changed twice a day. This mode he has employed with universal success in adults. The only case in which he has used it in youth was in that of a girl, thirteen years of age, where the disease involved the whole of the face; a cure was effected in about a fortnight. But in addition to the local treatment, the patient had three-minim doses of Fowler's solution thrice daily. Another form of local treatment that he employs is the use of a lotion consisting of oxide of zinc, ninety grains, glycerine, half a fluid ounce, water, to eight fluid ounces. This to be applied twice daily, and the part to be covered by lint and gutta-percha tissue. Of internal remedies, arsenic in the form of Fowler's solution is given, either simply in water, or in conjunction with other tonics and alteratives, as iron and iodide of potassium. He also, in many cases, gives cod-liver oil.

Employment of Pilocarpin in Childhood.

Professor Demme, of Bern, says the *Medical Times and Gazette*, states that he has employed the muriate of pilocarpin by the subcutaneous method, using a 2 per cent. solution in 33 children from the ages of nine months to twelve years. Of these 18 suffered from desquamative nephritis and dropsy consequent on scarlatina; 3 from diphtheria without scarlatina, but with consecutive parenchymatous nephritis and a high degree of dropsy. Of the other 12 cases, 2 had dropsical effusion from heart disease, and 3 rheumatism affecting several joints. As a general rule, only one injection per diem was employed, and in children between the ninth month and the second year the dose of pilocarpin employed was gramme 0.005; between the second and sixth years from 0.0075 to 0.01; and from the seventh to the twelfth years 0.01 to 0.025. The general conclusions drawn from these cases are, that pilocarpin exhibits its sialogogic and diaphoretic properties in a very marked manner in childhood, and that it is very well borne at the tenderest age in the above doses, its sialogogic effect being more prominent in the younger, and its diaphoretic effect in the older children; that any unfavorable after-effects, even in the youngest children, were quite exceptionable, and were preventable by administering minute doses of brandy prior to the injection; and that no influence on the action of the heart was perceptible. The cases best adapted for its employment are desquamative parenchymatous nephritis with dropsy, following scarlatina, diphtheria, etc. A beneficial diuresis in most of the cases ensues, the quantity of albumen which the urine contains never being increased, but rather diminished.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——"Plastic Splints in Surgery," is the title of a reprint from the Boston *Medical and Surgical Journal*, from the pen of Dr. Henry O. Marcy. He counts the use of plastic splints in fractures as ranking with the antiseptic treatment of wounds, and together constituting the two greatest advances in modern surgery. The following extract gives the method of manufacture he prefers:—

> After using almost every variety of texture, I have chosen the cheapest bleached cloth of the market; this is thoroughly soaked and boiled, to remove the dressing of the finisher, and then is rough dried. The plaster must be freshly calcined and carefully protected from the absorption of moisture from the atmosphere. Four or five thicknesses of bandage are usually sufficient; this may, in some cases, be wisely reinforced by narrow strips of roughened tin, to strengthen and prevent cracking. Lastly, continue the extension until the plaster sets or hardens, which, with good material, will take place in about ten minutes; then lay the limb uncovered upon the bed, and leave it exposed to the air until it dries. I have seen a good splint spoiled by inclosing it under the bedclothes, and packing hot-water bottles about it, thus keeping it for hours moistened in a steam bath, in the attempt to dry it quickly.

——Setting forth the merits of Aiken, South Carolina, as a health resort, in both winter and summer, we have a pamphlet of thirty-two pages, compiled from the writings of Drs. Geddings & Coffin, of that village. It contains a large amount of information of the soil, climate, and health advantages of that favored spot; but that Aiken should have any peculiar precedence over many other locations on the highlands of North and South Carolina does not appear. While there is no doubt that pure air, good water, and a temperate climate will benefit many invalids from the northern cities, we have never seen any evidence that so slight an elevation as 600 feet has any effect in retarding phthisis analogous to that which certainly is observed at much greater heights—from 3000 feet upward.

——An interesting pamphlet, in its scope, is Dr. J. J. Caldwell's "Review of the Recent Theories of Brain and Nerve Action, the Use of Electricity in Medicine and Surgery," etc. He treats of the action of the nervous system, of the unity of force, the velocity of electricity, the connection between excessive brain worry and bodily disease, the electrolytic treatment of cancers, etc. (pp. 20, from the author, 65 North Charles street, Baltimore).

——The Proceedings of the Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons, in its meetings of 1876 and 1877, make a pamphlet of thirty-five pages. Beside the minutes, it contains a description of a typical case of Sensorial Idiocy, by Dr. E. Seguin; a paper on The Organization of Establishments for the Idiotic and Imbecile Classes, by Dr. I. N. Kerlin; on The Prevention of Mental Disease, by Mrs. C. W. Brown, of Massachusetts; and one on The Classifications of Idiocy, by Dr. H. B. Wilbur, of New York. Published by J. B. Lippincott & Co., Philadelphia.

——The Twenty-fifth Annual Report of the Pennsylvania Training School for Feeble-minded Children, at Media, is of peculiar interest, as it is aimed especially to be a circular of information, giving details of the management and interior life of the institution, as well as a series of answers to the questions most frequently addressed the superintendent by parents and others. The Report should be applied for by all who have such cases under their care. It may be obtained of the Superintendent, Dr. I. N. Kerlin, Media, Delaware county, Pa.

——Diseases of the Nasal Cavity and the Vault of the Pharynx. Translated from the German of Dr. Carl Michel, of Cologne-on-the Rhine, Specialist in Laryngo- and Rhinoscopic Surgery. With an introduction by E. L. Shurby, M.D., and C. C. Yemans, M.D., of Detroit, Michigan. First American edition. This monograph by Dr. Michel is a valuable contribution to the literature concerning our most common diseases, chronic catarrh, ozœna, etc., in this northern latitude.

——Ninety-fifth Annual Catalogue of the Medical School (Boston) of Harvard University, 1877–78. Reprinted from the Catalogue of the University.

——Ovariotomy by Enucleation. By Julius F. Miner, M.D. Extracted from the Transactions of the International Medical Congress, Philadelphia, September, 1876.

BOOK NOTICES.

Diseases of the Nervous System; Their Prevalence and Pathology. By Julius Althaus, M.D., M.R.C.P., London, etc. New York, G. P. Putnam's Sons, 1878. 1 vol., cloth, 8vo, pp. 366. Price $3.50.

This volume is a portion of an extended study which the author proposes giving to the profession, on diseases of the nervous system. He here treats of the pathology of central nerve lesions, and endeavors to show the laws to which their occurrence and fatality are subject. He defers to his next volume discussions of diagnosis and treatment, as well as the pathology of peripheral nerve diseases.

Thus, of central lesions, he here discusses convulsions, apoplexy, paralysis, cephalitis, epilepsy, hysteria, catalepsy, delirium tremens, tetanus, chorea, hypertrophy and atrophy of the brain, and syphilitic nervous affections.

The peculiarity of this method is the prominence given to the study of the etiology of the diseases from the vital statistics of countries, institutions, and other large bodies. Much attention is given to the relative mortality of the different sexes from various nervous lesions. The generally quoted authority is the Registrar General's Report. The pathology of cases is closely studied, and mostly given with clearness.

It will be seen that this method is a somewhat novel one, at least in this application, and may bring out results of great interest, especially in the department of State Medicine. As to whether the employment of statistics in this manner is an allowable one is still open to question; but if so employed, the plan of Dr. Althaus is a good one, and his work deserves attentive study.

A Compendium of Diagnosis in Pathological Anatomy, with directions for making Post-Mortem Examinations. By Dr. Johannes Orth. Translated by Drs. F. C. Shattuck and G. K. Sabine. New York, Hurd & Houghton, 1878. 1 vol., cloth. pp. 440, 8vo. Price, $3.50.

The present manual of pathological anatomy was originally proposed by its author for the officials and students at the University of Berlin. It gives with succinctness the results of the most recent studies, translating the morbid appearances in accordance with the doctrines of Virchow. While these doctrines are by no means adopted in their totality by other teachers, they certainly are those of the most prominent school of pathology now in Germany.

The plan of the book is briefly as follows:— The cadaver is first subjected to examination by *inspection*, and all that can be learned by this means is stated. Then the observer proceeds to *internal examination*, commencing with the spinal canal, and proceeding to the cranium, the thoracic and abdominal cavities, and the extremities. Under each of these, the various morbid appearances of the several organs and tissues are described, with the significations thus given. A limited number of illustrations are added. The work is very carefully written, and for a practical handbook of pathology to the actual worker is not surpassed by any.

We should have liked either more references to authorities or else a bibliography of recent works on the subject. It is some amend for the lack of this that both table of contents and index are unusually full, the former being almost a synopsis of the book.

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THE USE OF ALCOHOLIC DRINKS.

The discussion on alcoholic drinks has received several interesting contributions lately.

The eminent ophthalmologist, Mr. Robert Brudenell Carter, of London, gives, in one of the London journals, a leaf from his personal history. He has since youth been accustomed to take about an ounce of alcohol daily, in the shape of bitter beer or whisky. On three separate occasions he stopped this allowance, in each instance being in good health and busy at his work. In each case he found his health running down after a few months, and in each case promptly recovered on resuming his accustomed stimulus. His conclusion is expressed as follows:—

> "While I fully admit, therefore, that there are many people who can support life without alcohol, I affirm, from my personal experience, that there are some, I know not how many, to whom alcohol is a necessity. I strongly suspect, from the writings and speeches of many total abstainers, that even in cases where abstinence appears to be successful, the nutrition of the centres which are subservient to the higher operations of the mind is less perfect than it might be; and I think it very possible that I might myself exist without alcohol, if I could be content to let my brain lie fallow, and to limit my vital activity to a moderate amount of physical exertion. Again, when I am told, as a result of laboratory work, that alcohol is not food, I reply that the statement is a mistake. I care nothing for the laboratory work, which is exposed to countless sources of error, and I have seen life maintained upon alcohol for months together. Although a chemist cannot tell me how the effect is produced, I shall not reject the evidence of my senses because his knowledge of the process of nutrition is incomplete. I believe what I have seen and felt, and I tell the chemist that he has blundered. It is his business to find out the how and the where."

This is a very sound reply to the chemist, if it is a rather hard one on the "total abstainers." The real effect of alcohol, say in the shape of sound old wine, in exalting and strengthening the mind when exhausted or depressed, cannot be doubted; and for this purpose it has at all times been famous, since the days of Solomon the wise.

Of its pathological effects on mental disease Dr. Ernest Magnan has recently written in the *Gazette Medicale.* His conclusions are that alcoholism presents different characters, according to the nature of the drinks which have been abused; that alcohol of itself does not give rise to epilepsy; and when this occurs, it depends upon a predisposition in the subject, or upon some other substance than alcohol. The epileptiform attacks in chronic alcoholism do not depend upon the drink taken, but upon the organic lesions which have been already produced in the nervous centres. Special characteristics enable us to distinguish three forms of delirium tremens, the one symptomatic of an injury or of an intercurrent affection; the second, spontaneous, apyretic, and benign; and the third, spontaneous, febrile, and grave. Alcoholism may lead directly to general paralysis, certain terminal lesions of chronic alcoholism not differing from the lesions of general paralysis. Alcoholic insanity is distinct from all other forms of insanity.

From the same country we have some valuable statistics, given in a paper read to the Paris Academy of Medicine, by Dr. Lunier. He says that in France each inhabitant consumes annually about fifty-two gallons of wine. Cider comes next to wine, but the consumption is gradually decreasing, having fallen off within the last twenty years from forty-two to thirty-five gallons per head annually. M. Lunier sees no reason to regret the change, for the cider has become so bad that people are obliged to take some wine in order to digest it. Hence, the more cider you drink, the more wine also, and "between the two stools," etc. The use of cider is now confined to the nine northwestern departments. The consumption of beer has gone on steadily increasing for the last fifty years; it is now nearly thrice as great as it was in 1829; but beer drinking is almost entirely confined to the four departments in the vicinity of Belgium. The consumption of alcohol, on the other hand, has gradually and steadily augmented during the last forty years, having risen from two quarts per individual to three quarts. The general conclusions at which M. Lunier arrives are:—1. Accidental deaths connected with intoxication are much more frequent in the departments where alcohol is the favorite beverage. 2. The effects of the law against intoxication lead to the same conclusion. Prosecutions under that law are five times more numerous in the departments supplied by spirits than in those where wine constitutes the chief drink. 3. The same remark applies to cases of mental derangement produced by drink. The number is almost everywhere proportionate to the relative excess of alcohol consumed. The only exceptions are found in the departments of La Vendée and Lower Charente, where white wines are the favorite beverage. These, as experience has fully demonstrated, are much more likely to act on the nervous system than red wines.

NOTES AND COMMENTS.

Diuretic Action of Cafein.

Professor Gubler related several cases to the Société de Thérapeutique in proof of this. One of these was that of a man with dropsy from disease of the heart, to whom digitalis had been given with but slight result. After the injection of thirty centigrammes of the bromhydrate of cafein, diuresis commenced on the second day, gradually increasing until four litres and a half of urine were passed. When the injections were arrested, the urine again diminished, to increase again after their resumption. Professor Gubler observed that with cafein the diuresis is abundant and almost instantaneous, while with digitalis the increase of urine only takes place on the second or third day. The citrate or bromhydrate of cafein does not excite any irritation in the cellular tissue. M. Constantin Paul stated that he attached great importance to the state of the pulse in the use of digitalis, and when it fell to sixty he suspended this, as after then, in spite of the continuation of the symptoms, it acts as a poison. Professor Gubler said that with cafein the pulse diminished only a few beats, and became more regular; but as a "tensor" of the circulation, cafein is inferior to digitalis. Even sixty beats are too low for patients to take digitalis who have disease of the heart. Digitalis should be given only for five days if tincture is employed, but only for three or four days when infusions or macerations are prescribed. Whatever preparations of digitalis be employed, its effect is to determine diuresis, except where there is no dropsical effusion to eliminate, or when there is "imbecility" of the kidney.

Dropsy of the Fœtus.

At a late meeting of the London Obstetrical Society, Dr. John Williams said that what we knew of the production of dropsy in the child was the result of our knowledge of the mode of production of it in the adult. Heart disease never caused in the adult uniform general dropsy. That condition was always the result of a blood state. The effect of central obstruction was to cause œdema of the most distant parts from the heart. In the fœtus the placenta would suffer first. This would interfere with the flow of blood through that organ, and dropsy of the fœtus in consequence. The placenta acted not only as an organ of respiration for the fœtus, but probably also as a renal organ, and anything which interfered with the circulation in it, or increased the thickness of its tissues, would interfere with the elimination of excrementitious products from the blood of the child. This would bring about a blood condition similar to that met with in Bright's disease, and general anasarca in consequence.

Fracture of the Fœtal Skull by the Forceps.

The *Journal de Médecine et de Chirurgie Pratiques*, quoted in the *Lancet*, records a case of considerable interest. It occurred in the wards of M. Millard in Paris. A rachitic woman had been in labor two days. Expulsive pains recurred at long intervals and were feeble in character. A midwife had ruptured the membranes twenty hours previously. The head was at the brim, which measured 3½ inches in the antero-posterior. Forceps was applied, and after some minutes' traction the operator had a sensation of something giving way. At the same time the head became disengaged. It was, however, soon born, but apparently dead. It was plunged into a bath, and inspiratory efforts soon began. Its cry was scarcely perceptible. The left eyeball was pushed forward and the conjunctiva infiltrated with blood; the right half of the face was paralyzed; the arm and leg on that side were slightly convulsed. The end of the blade of the forceps pressed unduly on the fronto-parietal eminence. The bone was hard, and had yielded at that spot. It was a comminuted fracture, and not a simple depression. A cephalæmatoma formed at the spot. The pericranium was incised, and the bones raised to their normal level. All the symptoms soon ceased, and the child made an excellent recovery.

Diagnosis of Pleuritic Effusions.

In 1875, Dr. Baccelli, the Professor of Clinical Medicine at Rome, published some papers on the Transmission of Sounds through Endo-pleural Fluids, in which he maintains that there is a physical sign by which we can distinguish the character of the fluid. The slight vocal vibrations produced by a whisper, he asserts, are differently transmitted to the ear according to the nature of the fluid; through purely serous effusions much more intensely than through sero-fibrinous; while in thick purulent fluids they are entirely, or almost entirely, lost. He formulates the results of his observations thus:

1. The whispered voice-sound is transmitted most clearly through a serous effusion.
2. Through sero-fibrinous effusions the same sound is transmitted more or less clearly according to the point at which we listen; clearly at the upper part, where the fluid is lightest; less clearly lower down, where the fluid is denser; and probably lost altogether at the base.
3. In empyema, the transmission of the whispered voice-sound is reduced to a minimum or altogether lost.

Death Rate of Grocers and Dry Goods Dealers.

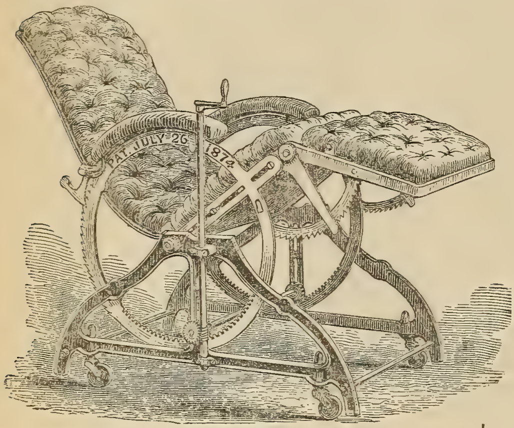
The London *Sanitary Record* says:—Recent statistics show that the rate of mortality among grocers is as 76 to 100 among the general population at equal ages, while the death-rate among dry goods dealers is as 108 to 100 by the same standard. On analyzing the cause of this difference it is found that it lies in the mode of living. The principal disease which destroys the dry goods dealer is pulmonary consumption. The explanation is simple: The grocer lives in a shop, the door of which is open the whole day, and he is very active himself in business; the dry goods dealer, on the other hand, lives in a close place, with the doors of his shop closed, and in a dusty and close atmosphere.

CORRESPONDENCE.

Cutler's Invalid's Chair.

ED. MED. AND SURG. REPORTER :—

Permit me to call the attention of the medical profession, through the medium of your extensive circulation, to the very valuable "invalid chair" devised by Dr. Ephraim Cutler, of Cambridge, Mass., a cut of which is herewith furnished, for illustration. I have used this chair, much to my own comfort, for more than eighteen months, and find it to afford more satisfactory changes of position, and more complete repose and muscular relaxation, than any similar device that I have ever seen; and I have sat in many. All easy chairs of this character admit of depressing the back from a vertical position to a horizontal one, and of raising the leg-support from the vertical position to the horizontal, so as to make any angle with the seat that may be desired, or to make a horizontal couch of the chair, when fully extended. The additional advantage possessed by Cutler's chair is that *the seat can be tilted back* from the horizontal position toward the vertical, a movement that, as far as I know, is not possessed by any other invalid chair in the American market. In this country we are fond of raising the knees or the feet to a level higher than that of the pelvis, a position that often relieves fatigue better than any other. The back and the leg-piece of the chair being adjusted to the inclination most comfortable for the occupant, the entire support can be rotated backward, by means of a wheel at the right hand, to any desired extent, so far, even, that the top of the back may touch the ground, should it be desired to depress it that much, as might occur if a patient were fainting. The main weight of the body can thus be thrown upon the back of the chair, affording great relief, in certain conditions, by taking off some of the nervous pressure from the contents of the abdomen and thorax. An attachment can be made to the leg-piece, to maintain extension in cases of fracture of the lower extremity, and the tilting of the seat back secures counter-extension by the weight of the body, without the necessity of keeping the trunk on a line with the limbs, as when a bed is tilted back for the same purpose. The adjustment of the back and legs, and the revolution of the whole chair about a centre, at the junction of the back with the seat, enables changes of position to be made in a moment, without disturbing the patient, no little relief from the weariness of a fixed position. As a lounging chair, for one's own relaxation, as a convenient chair, for many examinations and operations in one's office, and as an invalid chair, for patients with diseased joints, lungs, heart, or intestines, it deserves to become better known to the profession.



The frame is of iron, strongly made, and is mounted on rollers, and may be finished in cane or upholstered, to suit the taste. The accompanying cut shows the mechanism of the chair so well that a detailed description is unnecessary. The revolution is produced by turning the lever external to the right arm of the chair, and is under control of the occupant (supposing him able to use his right arm), without requiring any change in his position.

Yours truly,

Philadelphia. J. SOLIS COHEN, M D.

Effects of Salicylic Acid.

ED. MED. AND SURG. REPORTER :—

A negro woman of twenty years of age, healthy and robust looking, and in good circumstances, was taken with acute pain in joints of her right arm, with fever, the day before my first visit. The pain in that arm being greatly increased, and other joints in left arm and legs becoming affected, I was called, and found a fully developed case of inflammatory rheumatism. Prescribed five grains of salicylic acid every two hours; nothing else; continued this treatment for seven days; the pains and fever improved the first day; each day brought additional improvement; no pain in region of the heart; sounds natural; patient was supported by milk and broths, from first visit. The cure on the seventh day seemed nearly complete, and marvelous. I was called at daylight of the 8th day (she was only distant about two hundred yards from my house) and found her dead. For half an hour before her death she complained of great pain in her chest and had great difficulty in breathing.

At the same time I was attending a young man of 17 years, for inflammatory rheumatism of both extremities. His heart had been affected by previous attacks of rheumatism. Prescribed salicylic acid in five-grain doses every two hours; the extremities were very much relieved, as also his fever, etc. His heart trouble seemed aggravated just in proportion to the apparent relief in his extremities. Having great confidence in the acid, and believing that it would aid in the heart trouble, I continued its use, making local applications over the cardiac region, and giving anodynes. On the fifth day my patient suffered so much pain, had so much difficulty in breathing, all his cardiac symptoms seeming aggravated, that I stopped the acid and gave alkalies. In twelve hours after stopping the acid his cardiac troubles improved and he made a good recovery. I attributed his increased suffering to the acid, just as I had the death of the first patient, and believe if the acid had been continued he would have died.

Two months afterward was called to see the patient of another physician, at midnight, his own physician being too unwell to visit him; he was a man of fifty years. He had been sick several weeks, with acute articular rheumatism; for past week had been taking largely of salicin daily. I found him agitated, alarmed, and with great pain in the cardiac region; difficulty in breathing. Anodynes relieved him. The salicin was suspended, and he had no further trouble; he had no cardiac trouble before this attack.

Whether these patients would have so suffered without the acid, can only be guessed at, but in the boy's case the relief to cardiac symptoms was so marked on the cessation of the acid, that I could form no other conclusion but that the acid caused his trouble, in great measure. In the man's case it may have been only an accidental coincidence; but following, as it did, these other cases, it made the impression on my mind deeper, that care should be taken, and the heart should be specially watched and guarded when either of these remedies are used.

Macon, Ga. CHARLES H. HALL, M.D.

NEWS AND MISCELLANY.

Medical Forecasting.

In his last monthly report as registrar of the city of Providence, Dr. Edwin M. Snow says—

"There are occasional cases of scarlatina in the city; but there is no danger of any great amount of that disease during the present winter. It is not epidemic, and cannot be this winter, and is never sufficiently contagious to spread extensively without epidemic influence."

It would be instructive to the rest of the profession to learn on what grounds so confident a prediction is based. Why a disease cannot be epidemic this winter as much as last or next winter, is a question we should like answered.

Spectacles and Beards in the French Army.

A Paris correspondent says, in a recent letter:—Among the lessons learned by the French in the late Prussian war, is the fact that, with the aid of spectacles, short-sighted soldiers can fight as well as those whose sight is not affected. On the representation of Dr. Perrin, one of the professors of Val-de-Grâce, a ministerial circular authorizes the rank and file, in common with officers, to wear spectacles whenever considered necessary. The consequence is, that myopic subjects, who used formerly to be rejected, are now enlisted in the French army.

Another ministerial circular, ordering officers and soldiers to wear the moustache and beard, has lately appeared. The latter is to be in the form of a *mouche*, consisting of only a small tuft under the lower lip—the style of the royalists. This was superseded, under the Empire, by a fuller beard, called the "imperial;" but those in the colonies have the option, or not, of wearing the full beard; all officers and soldiers to have their hair cut quite close.

Camp Fever in the Russian and Turkish Armies.

There is no doubt but that malignant typhus, of a most severe form, has been prevailing in both the Russian and Turkish camps, and has extended to the neighboring cities. A telegram from St. Petersburg states that the mortality among the people at Tiflis, from the black pest, is frightful. The pest broke out among the Turkish prisoners interned Information from the Danube, early this month, distinctly states that the army there has suffered terribly from this pest of camps. At Erzeroum the disease has committed great ravages, and among other victims was Dr. Guppey, an English surgeon sent out by Lord Blantyre.

Origin of Hospitals.

An English writer says that there is little, if any, trustworthy evidence of hospitals among the Jews or the Romans until the fourth century of the Christian era, when Fabiola, a wealthy Roman lady, built a large hospital outside the city of Rome, and St. Basil established an asylum for the sick in the city of Cæsarea. There can be no doubt that the sick were better cared for after than before the Christian era, but Christians have clearly no right to be considered as the originators of hospitals.

Peculiar People.

There is a sect of religionists of this name in England, who renounce medicine, and trust to prayer exclusively for restoration to health. They have a colony at Coventry Vermont. One of them was badly hurt by a falling tree, some time ago, and two of the brethren come every day to pray with him. After their prayers they exhort him to "arise and walk," which he tries to do, but has had no marked success thus far.

The Deepest Artesian Well in the World.

Nature says, in a recent issue, "The deepest artesian well in the world is being bored at Pesth, and has reached already a depth of 951 metres. The well at Paris, which measures 547 metres, has hitherto been the first. The work is undertaken by the brothers Zsigmondy, partially at the expense of the city, which has granted £40,000 for the purpose, with the intention of obtaining an unlimited supply of warm water for the municipal establishments and public baths. A temperature of 161° Fahr. is shown by the water at present issuing from the well, and the work will be prosecuted until water of 178° is obtained. About 175,000 gallons of warm water stream out daily, rising to a height of thirty-five feet. This amount will not only supply all the wants of the city, but convert the surrounding region into a tropical garden.

Source of Artificial Teeth.

Proverbially, 'tis an ill wind that blows nobody good. The Eastern war illustrates this: The price of a human jaw at the seat of war in Bulgaria is, the *London Times* states, 10 *francs*, more or less. It varies according to the regularity, soundness, and whiteness of the teeth. In Paris, the quotation is fifty per cent. greater, at wholesale rates. The ghastly wares are conveyed in cases containing five hundred, and the teeth are extracted after their arrival at the city to which the jaws are consigned.

Personal.

—In the death of F. V. Raspail, France loses one of her most widely known and eccentric citizens. As a physician he taught, as far back as 1835, the parasitic origin of all diseases, and recommended camphor as the grand antizymotic and panacea. He was considerable of a charlatan, a communist of the ultra school, factious beyond measure, but withal canny enough to die immensely rich—it is said.

—The University of Cambridge has gained additional lustre by having conferred the degree of Doctor of Laws upon Charles Darwin. Late though the title has been bestowed, it will be welcomed as a fitting recognition of one of the foremost philosophers of his age, and it will be regarded as one of those exceptional distinctions which reflect honor both "on him that gives and him that takes."

—Professor Carlo Ghinozzi, the most distinguished physician in Florence, and the highly effective occupant of the Clinical Chair of the Institute, died on Saturday, the 15th ultimo, after a long and painful illness. His funeral will be a public one.

—One of the veterans of French medicine, M. Gintrac, of Bordeaux, Corresponding Member of the Academy of Sciences and Associate of the Academy of Medicine, formerly Professor and Director of the School of Medicine at Bordeaux, has lately died. At an age when most men seek rest from their labors, M. Gintrac commenced the publication of an important work, a *Theoretical and Clinical Course of Pathology and Medical Therapeutics*, in eight octavo volumes, of which seven are published. This work contains upward of sixteen thousand cases observed by the author, in addition to a large number gathered from all available sources of information.

—Dr. M. Asson died lately, at Venice. He was an illustrious surgeon and teacher, and a great man of science and of letters. He was born at Verona, in 1802. He was surgeon-in-chief to the Hospital of Venice, lecturer on Anatomy to the Royal Academy of the Fine Arts, member of the Venetian Institute and of many scientific bodies in Vienna, Berlin, Paris, and London.

—A marble bust has just been publicly inaugurated to F. A. Pouchet, the celebrated defender of spontaneous generation, not, however, on account of his scientific opinions, but in gratitude for the great benefactions he had conferred on the city of Rouen.

Items.

—The Société Nationale des Amis de l'Enfance, while they still deem it undesirable to substitute artificial for the natural feeding of infants, have offered a prize of 300 francs for the best essay on the former. The essays are to be delivered to Dr. Alex. Mayer, 17 Boulevard St. Martin, Paris, before October 31st, 1878.

—A plant with a strange history, and a beautiful plant withal, is figured in the last issue of Hooker's "Icones Plantarum." It is the *Lampra Volcanica* (Benth.), Commelynaceæ. Of this curious plant, says Bentham, only a single specimen is known, which was gathered by Hartwig in the crater of the Volcan de Agua, in Central America, at an elevation of 14,000 feet, in August, 1840.

MARRIAGES.

Pawling—Slingluff.—On the 12th ultimo, at the residence of the bride's parents, Norristown, Pa., by Rev. Thomas S. Yocom, assisted by Rev. Isaac Gibson, Dr. Harry Pawling and Clara, youngest daughter of William H. Slingluff.

Reid—Morgan.—In New York, on the 20th ult., at Grace Chapel, by Rev. William T. Egbert, Kenneth Reid, M.D., and Mrs. Emma Morgan.

Rustedt—Gushea.—In Sudbury, Vt., December 5th, by Rev. M. L. Severance, of Orwell, George Rustedt, M.D., of Shrewsbury, and Julia Gushea, of Burlington.

Shepard—Horner.—On Tuesday, December 4th, by the Rev. J. P. E. Kumler, D.D., Dr. Leonard A. Shepard and Miss Ella A., daughter of George S. Horner.

Winslow—Leiper.—On Wednesday, 12th ultimo, by Friends' ceremony, at the residence of the bride's father, Randolph Winslow, M.D., of Baltimore, Md., and Rebecca Fayssoux, eldest daughter of John Chew Leiper, of Leiperville, Delaware county, Pa.

DEATHS.

Haskins—On December 29th, 1877, in Empire, McPherson County, Kansas, George Franklin, eldest son of Dr. and Mrs. M. H. Haskins, aged eleven months and twenty days, of membranous croup.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** Cerebral Congestion, Headache, Indigestion, Bile, Hemorrhoids, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. Belin and Tardieu, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1867. — **Prize Medal.**
1868. — **Silver Medal.**
1872. — **Gold Medal.**
1873, VIENNA. — **Medal of Merit.**

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IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,

Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,

Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.

Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

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BOSTON, MASS.

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THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TUBERCULAR LARYNGITIS, LARYNGEAL PHTHISIS, OR THROAT CONSUMPTION.

BY LENNOX BROWNE, F. R. C. S. EDIN.,
Senior Surgeon to the Central London Throat and Ear Hospital, (England), Surgeon and Aural Surgeon to the Royal Society of Musicians, to the National Training School for Music, and to Her Majesty's Italian Opera.

[We have been favored, by Mr. Lennox Browne, with the following communication, which is chiefly drawn from one of the chapters of his work, in process of preparation, on Diseases of the Throat.]

That evidence of the tuberculous diathesis influences a local laryngeal inflammation in a manner eminently characteristic, and at a period long prior to the discovery of equally well-marked symptoms in the lungs, is a fact which the daily observation of those engaged in laryngeal practice establishes as incontrovertible.

Whether or not there be tubercle actually developed in the larynx, or what, indeed, is the nature of tubercle wherever developed, the author does not presume, and, indeed, does not care, to decide. Seeing, however, that tuberculosis is a disease primarily manifesting itself more especially in the respiratory organs; seeing that catarrh is one of the most frequent excitants to that disease, and that many catarrhal inflammations of the lungs commence in the larynx, it is at least fair to infer that, in those cases in which the eye reveals what has come to be recognized as tuberculous laryngitis before the ear detects the presence of tubercle in the lungs, the disease has primarily attacked the former organ. Not only so, but noting also that the morbid changes in the larynx, as physically evidenced in every stage, are quite different from those of simple catarrhal, and of syphilitic, to say nothing of exanthematous and other phlegmonous inflammations, it is not unreasonable to suggest that the factors are also of an equally distinctive character.

It is quite certain that the pale, opaque tumefaction of the arytenoid cartilages and of the epiglottis in laryngeal phthisis, has not the clear transparency of serous œdema, the active glandular inflammation of simple laryngitis, the hyperplastic infiltration of syphilis, or the angry, inflammatory irritation of carcinoma. Nor is the consequent ulcerative process less distinctive; there is not erosion, nor deep excavated circumscribed ulcers, followed by narrowing cicatrices; nor new formations taking on an ulcerative process, but a true carious degeneration, causing loss of tissue, which, commencing superficially at small points, leads to universal destruction of the deeper parts, without extension to neighboring glands, and with but feeble, if any, attempt, under treatment, at a reparative process.

It is, therefore, surprising that we should be told, with reference to laryngeal phthisis, on the one hand, that "tubercle appears to play a very secondary part, if any part at all," in its production (Mackenzie); and on the other, "that neither the catarrh nor the ulceration of phthisical subjects presents any characteristic signs by which it could be recognized as such, [and that] the attempts made to establish pathognomonic peculiarities cannot be said to have succeeded" (Von Ziemssen).

We prefer to adopt the view of Virchow, who just exactly recommends the larynx as the most appropriate place for the study of true tubercle.

ETIOLOGY.—The predisposing causes are, of course, those which are found to obtain in the production of tubercle generally; those exposed to catarrhal influences being more liable to have the larynx primarily attacked ; while experience does not seem to prove that functional activity is a strong predisponent. On the other hand, debility of the general system, especially if resulting from amenorrhœa or other uterine disturbance, which leads to the production of the so-called functional or nervous aphonia, is a not uncommon premonitor of throat consumption. In such a case there will appear no disease in the larynx beyond a loss of adductive power in the vocal cords, and some paleness of the mucous membrane, explained by the general condition ; and the lungs, although insufficiently expanded, and of somewhat diminished resonance, may be pronounced free from disease. Local treatment of the larynx by stimulating inhalations and by faradization may restore the voice, which is, however, soon lost again. Tonics, change of air and scene, are of no avail, and at a period varying from a few months to, perhaps, a couple of years, undoubted phthisical symptoms develop themselves.

Dr. Sawyer, of Birmingham, in an admirable clinical lecture on phthisical laryngitis (*Lancet*, January 30th, 1875), has done well in dividing the changes of this disease into four stages : 1. The stage of anæmia. 2. That of tumefaction. 3. That of ulceration. 4. That in which necrosis or caries of the cartilages may arise ; and this division will be here adopted.

In enumerating the signs of laryngeal phthisis, it has been thought well to consider them independently of concurrent or pre-existent lung mischief; but, of course, in those cases in which pulmonary disease is advanced before there is any evidence of laryngeal complication, the character of the throat symptoms may be considerably modified.

SYMPTOMS.—(*a*) *Functional*—**Voice.**—Failure of the voice is a very early symptom. As just remarked, this may be due either to local lesion or to insufficient motor power of diseased lungs; it may be quite early aphonic; more commonly; however, it is affected just in proportion to the amount of the local lesion ; and the ordinary vocal symptoms of congestion, thickening or ulceration, already described at length when considering other forms of laryngitis, are witnessed.

There, is, however, a peculiarity in the voice of consumptives with laryngeal mischief, not generally noticed ; this is found in the rapidity with which the voice changes in character during a quite short conversation, from a gruff hoarsenes to a high falsetto, which as quickly passes into a toneless whisper. These changes are probably influenced by lodgment and dislodgment of secretion, and also by nerve-irritation. A somewhat similar, though to the practiced ear, distinct condition, is sometimes noticed in patients with laryngeal growths, variation in situation of which produces quick alterations in voice.

Respiration, although short, is not, as a rule, embarrassed in the early stage, but as tumefaction leads to mechanical loss of mobility, and the vocal cords themselves become thickened and ulcerated, extreme dyspnœa, with stridor and paroxysmal aggravations, may ensue.

Cough is naturally a prominent, and, on many accounts, a very distressing symptom in the advanced stages, whether it be due to local or to pulmonary causes, since the mechanical irritation in the larynx produces most acute pain, and the cough paroxysms are followed by extreme prostration. At a very early period the feeling of a desire to clear the throat of a foreign body predisposes to a worrying, unproductive cough. Expectoration is not copious, nor more than glairy in character, until suppuration is established. Hemorrhages from the larynx are but rare, even when there is advanced necrosis, and it is very difficult, even when suspected, to decide that the bleeding has originated in that region. Occasionally, however, the spot at which the vessel has given way can be seen. In one instance, a recent clot was observed on the vocal cord after a very moderate hæmoptysis, in which there was but slight corroborative local evidence of laryngeal tuberculosis, nor would the result of stethoscopic examination have been sufficient to justify the grave prognosis suggested by the laryngeal appearance, and, unfortunately, verified by the subsequent history of the case.

Deglutition.—Difficulty of swallowing is by no means an invariable accompaniment of laryngeal phthisis, but when present it is, without doubt, the symptom which most tends to hurry on the fatal termination, and is the one on which account patients most frequently seek relief of the throat specialist. The trouble is partly mechanical, from impediment to the mobility of the epiglottis, which causes fluids to pass downward into the larynx, and backward into the naso-pharynx. Dysphagia is first experienced only in taking fluids, but as soon as there is ulceration, attempts at the deglutition of solids, unless first artificially masticated and made bland, cause the act to be acutely painful. This symptom of pain during the exercise of function is of great diagnostic value when there is the least idea that the disease may be syphilitic.

When, however, the parts can be kept at rest from cough, or when the patient is not eating, it is surprising how little local pain is felt; here, again, differentiating this disease from carcinoma.

(*b*) *Physical*—**Color.**—The first physical evidence of the laryngeal disease is a paleness of the mucous membrane; and it is something more than anæmia, for while all parts of the larynx, naturally pink, will asume a muddy and grayish hue, the vocal cords will often be found congested, and many engorged capillary vessels will be seen ramifying on that portion of the mucous membrane considered anæmic. As the stage of tumefaction arrives, the color, while it does not become less pale, is decidedly more opaque, except on the epiglottis, which, as it becomes thickened, loses its natural buff hue, and assumes a pale rosy tint.

Ulceration, except on the epiglottis and vocal cords, is not preceded by hyperæmia, but when the ulcers are formed there is often a faint red line at their circumference. The surface of the vocal cords, where loss of tissue has taken place, is frequently of a grayish-white or pale yellow color, while the rest of the cord is congested. The ulceration of the vocal cord is seldom deep; but cases have been reported in which it has extended to the arytenoid cartilage, leading to caries and extrusion.

Form and Texture.—Thickening caused by infiltration of the sub-mucous tissue characterizes the second stage of laryngeal phthisis. The part first affected may be one or both vocal cords; but much more commonly the first symptom is evidence of deposit in the inter-arytenoid space. Then the well-known and often-described swelling of the arytenoid cartilages is seen, giving rise to the appearance of two pear-shaped bodies, the larger ends of which meet in the centre line, and consist of the swollen and no longer distinguishable cartilages of Wrisberg and of Santorini, tapering off, more or less, in proportion to the swelling of the ary-epiglottic folds, until they join the epiglottis.

Equally unrecognizable is the condition of the last-named part, which becomes so misshapen that no longer is its free edge, superior or inferior surface, or any ligamentous fold, to be distinguished, the whole being swollen into a horse-shoe or turban-like shape, which lies nearly horizontally at the base of the tongue, or is so flexed on itself as to resemble a lateral view of the index finger in a similar position.

Some allusion has been made to the character of the ulcerations: their peculiarity is their worm-eaten, carious appearance, showing that degeneration has not commenced at the surface, but in the deeper tissues, or rather, as is probably the case, that the secretion of the racemose glands has undergone degeneration; the glands have swollen, and have given way at the point most favorable for exit of the retained matter, namely, at the surface. These small ulcers then unite by breaking down of intervening tissue, and so form large ulcerating surfaces. Narrowing of the glottis is often the result of tissue changes, but there is never any attempt at cicatrization. Paralysis of one or both vocal cords is frequently seen, and may be due either to mechanical impediment or to nerve-pressure. Mandl and others have drawn attention to the fact that, contrary to experience in other paralyses of the recurrent laryngeal nerve, the right nerve is much more frequently pressed upon than the left, in cases of laryngeal phthisis. This is explained by the anatomical relation of the right nerve to the apex of the lung.

Secretion.—As mentioned when treating of the sputa, under cough, the secretion is altered in character from a glairy, viscid exudation of moderate amount, to a copious muco-purulent discharge.

Whenever there is actual chondrial caries, the odor is very characteristic, though fetor of the discharge may be also due to pulmonary causes.

If doubt exists as to the diagnosis, the secretion may be examined by the method proposed by Dr. Fenwick, of boiling with a solution of potash, to destroy the mucous elements, and submitting the deposit to microscopic investigation. In such a case elastic lung tissue will often be seen at a period prior to the existence of well-marked auscultatory signs.

(*c*) *Miscellaneous.*—There can be no reason for entering largely into these symptoms, except to remark that increased frequency of the pulse and range of body temperature, as well as evidence of mal-assimilation, giving rise to dyspepsia and loss of weight, are of as great importance in the early stages of laryngeal as of general phthisis. With reference to the state of the lungs, early and frequently-repeated auscultations should be made. At first there may be nothing more than slightly diminished resonance, hardly perceptible increase of vocal fremitus, and prolongation of expiratory murmur; but gradually and surely the chest evidences will become more strongly marked. It must be remembered that though tubercular disease may be first detected in the larynx, no case has yet been reported in which a patient has died of that disease without well-marked symptoms in life, and appearance after death, of pulmonic disintegration.

TREATMENT—*General.*—This need scarcely be here entered upon at any length, as it must differ in no essential respect from that necessary for phthisis and tuberculosis generally, however and wherever manifested.

The indications for general treatment in regard to the local trouble are to diminish the cough, so as to give as complete functional rest as possible, and also to endeavor by internal remedies to relieve the irritability of the upper portion of the gullet. For this latter purpose bismuth and bromide of potassium, taken shortly before food, will often be found of great service.

The hypophosphites of soda and lime have certainly acted well in the author's practice, in those cases in which the evidence of the disease was primarily in the larynx, in checking night perspirations, diminishing cough, aiding digestion, and arresting loss of tissue.

Local.—In respect to local treatment, it is gratifying to know that many authorities eminent in the general treatment of phthisis, Dr. C. J. B. Williams, for example, speak in high terms of the relief that may be given by local measures when the disease attacks the larynx; and yet many general physicians do not quite fully acknowledge how much success depends on careful attention to detail.

A proper inhaler, generating steam at a temperature accurately registered according to the special circumstances of the patient and the time of the year, so that while moist, warm air is inhaled, and the volatile ingredient thrown off, the respiratory muscles are not fatigued nor the circulation quickened, is surely better than a jug of hot water with a napkin lying over the patient's face and covering the jug; and it is not surprising if in the latter instance there is a strong liability to induce perspiration. Again, when remedies are applied they are often worse than useless, unless the mirror guide the hand, and the application be made to the part affected, and to that only.

Of inhalations, in the anæmic stage, and when the thickening is only commencing, stimulating volatile ingredients, as creasote, the oil of pine, and some essential oils, in water at a temperature of 130° to 150° Fahr., are of service; but when cough, distress of breathing, and dysphagia, due to narrowing of the larynx, ulceration of the cords, or of the epiglottis, occur, all inhalations must be of the most soothing nature.

Plain steam of water, at from 120° to 135° Fahr., compound tincture of benzoin, one fluid drachm to a pint of water, with or without from three to five drops of chloroform, for each inhalation, conium or hops, are to be recommended.

With respect to the last-named remedy, it should be remembered that the oil of hop is very stimulating, not to say irritating; while the extract, with a little carbonate of soda, as used with the extract of conium, or a fresh infusion, is most soothing.

Spray inhalations are of but little use in laryngeal phthisis; they, as a rule, involve great fatigue, and are peculiarly irritating to the mucous membrane, which, in this disease, is more than usually sensitive. The use of iodine in the form of inhalation is also to be deprecated, on account of its powerfully irritant properties.

Scarification is of most doubtful propriety in this disease: the wounds would invariably ulcerate, and the operation would certainly, looking at the very solid nature of the thickening, give but a minimum of relief.

Still greater local benefit may be found in the use of the brush than by inhaling; and here again it is encouraging to find Dr. Williams agreeing in condemnation of nitrate of silver. The most comforting solution is that of chloride of zinc, ten to twenty grains to an ounce of water, with, perhaps, a little glycerine. Oil is unadvisable, as preventing the absorption of the substance employed, and pure undiluted glycerine has the property rather of irritating than of soothing. This latter fact is worthy of note here, although it has been mentioned before, as practitioners largely employ the glycerine of tannin of the Pharmacopœia; and they would find it very much more serviceable if diluted with at least an equal quantity of water.

Bismuth, gum, and morphia is an application of much value for relieving the irritation of swallowing, and it may be administered in powder by insufflation, forming an exception to the general condemnation of this method of administering remedies, though it will be preferable, even in this case, for the practitioner to apply it in the semi-liquid form with the brush.

Lozenges containing morphia or opium are of the greatest value in relieving the cough, but it must be remembered, in regard to them, how small an amount of opium, taken in a lozenge, or of morphia, frequently repeated, will have the desired effect.

All food should be of the blandest character, and should be taken at a most moderate temperature. It will often be prevented from "going the wrong way," if the patient be directed to thicken his drink, and to gulp instead of sipping it. A raw egg swallowed whole, like an oyster, will be found both agreeable and nutritious in this disease.

The operation of tracheotomy was not unfrequently performed, in pre-laryngoscopic times, on patients who were the subjects of laryngeal phthisis. For this there was the excuse of ignorance of the actual local condition; but the same measure has even been adopted by practitioners who, using the laryngoscope, should have been aware of the futility of such a procedure. It should be borne in mind that in this disease the whole mucous membrane is most sensitive to irritation, and is strongly disposed to ulceration, and that the cartilages of the larynx and trachea are, if not actually degenerated, most prone, with the least aggravation, to caries. It is, therefore, extremely doubtful whether presence of a tracheotomy tube does not, in such a case, actually increase the embarrassment of both respiration and deglutition. At the most, it can but prolong life a few days or weeks, with but little, if any, amelioration of distressing symptoms. It therefore behooves the surgeon, when such a question arises, to thoroughly explain these facts to the patient, or to his nearest relatives, and to refrain from urging or even recommending operative measures.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DACOSTA, JAN. 5th, 1878.

Stenographically Reported for the MEDICAL AND SURGICAL REPORTER.

Catarrhal Pneumonia, Pneumonic Phthisis and Pulmonary Consumption—Differential Diagnosis and Clinical History—Treatment of Night Sweats and Symptomatic Fever.

GENTLEMEN:—I shall call your attention, this morning, to several forms of pulmonary disease, and in connection therewith will bring before you three cases, each of which illustrates a different affection of the lungs. The patient entering the room, whose condition we will first consider, is named Patrick G., a sailor, thirty-one years of age; he was admitted into the ward December 9th, 1877. In the clinical notes we find that the patient's father died with a cough, and hence a tendency to pulmonary disease may have been inherited. But we also learn that our subject was in good health until six years ago, although his habits were bad, and he had been intemperate. On one occasion, after sleeping on the grass in Central Park, in New York, he had a severe attack of pain in the right side, fever, and cough, which kept him in bed ten days or longer. Since then he has been subject to cough, which is aggravated in winter, accompanied by free mucous expectoration, sometimes blood-streaked. In truth, he had a small hemorrhage from the lungs one year ago, but never on any other occasion. He has lost flesh, especially recently, and occasionally he has sweating at night. He is weak, anæmic, and complains of cough and pain in the left side of the chest.

Here, then, we have an acute beginning to what is subsequently a chronic affection. He thinks it commenced six years ago, and he has never been free from cough since that period; one year ago there was a hemorrhage, slight in amount, but none since. He now has mucous expectoration, sometimes blood-streaked, and occasional pain in the side. We also observe, as an important sign of disease, that he has been losing in weight, but not for any great length of time; only for one year has he had this symptom.

We found, upon examining him, that he had a temperature of 102° in the axilla. Auscultation revealed harsh breathing, with crackling at the apex of the left lung; and, moreover, it was evident that throughout the right lung marked disease existed, as shown by the generally diffused rales and uniform dullness, except at the apex, where signs of a cavity were detected.

I will now examine him in your presence, and determine whether the disease is still advancing. The temperature, as shown by the daily record, has now become reduced to the normal standard. Percussing the chest, I find that dullness on the right side is now less marked than before, but upon applying the stethoscope, the coarse rattling at the apex, and harsh breathing, with fine, subcrepitant rales below, are still audible. There is also crackling at the lower part of the right lung posteriorly. Harsh respiration is still heard at the left apex, both anteriorly and posteriorly. Therefore, the physical signs have not materially varied from those I have described to you. We can only say that they are stationary, and that with this condition the temperature has declined to the normal. Before dismissing the patient I will also call your attention to the clubbing of the finger nails, which exists here to a marked degree; and still further to the reddish-blue line on the gums, forming the so-called gingival line, both of which belong to the later stages of phthisis.

Now, there can be no doubt that, as this case stands, it is a case of tubercular disease. There can, also, be no doubt that it is temporarily arrested. This happy result has been brought about by cod-liver oil, inhalations of carbolic acid, with good diet, and small doses of iodide of iron. In addition to what has been offered in evidence of his improved condition, I may state that, in the short time he has been under treatment, he has gained several pounds in weight.

This case involves one or two points worthy of discussion. The existence of extensive pulmonary disease does not admit of a doubt, nor does it admit of doubt that the gravity of the symptoms, with the physical signs of a cavity in the chest, and the pulmonary consolidation, have sensibly ameliorated. Moreover, in looking over the history of the case, it is also not a subject of doubt, that the affection has been of slow development, nor that it had an acute beginning in a cold, which this man, who led the life of a vagrant and slept anywhere, caught on one of his outings. He originally had a pulmonary difficulty, probably pneumonia of the right lung. Then his health began to fail, and less than a year ago he had hemorrhage. Be it remembered that previously he had been in good health.

Now, what has taken place? At first there was an inflammatory deposit in the pulmonary cells, which was imperfectly absorbed. This remaining in the lung, permanently impaired its nutrition, keeping up irritation and inflammation, and finally leading to breaking down of the lung structure. This condition has been followed by tubercular deposit, not only in the lung originally affected, but also in the upper part of the left lung. The disease began in catarrhal pneumonia, subsequently terminating in tubercular disease. At the first a catarrhal pneumonia, now pneumonic phthisis, if you choose; and no longer confined to the right chest, but the left side is also invaded.

Several considerations deserve attention in the case before you. First, a better result would probably have been attained had the case been early attended to; the catarrhal pneumonia might have been arrested and the subsequent deposit prevented from taking place.

You may ask, at what period did this change happen? I think it occurred at the time of the hemorrhage, for you will notice that since that time he has been losing flesh.

In a case where you have reason to believe there is pneumonic disease, if you find loss of flesh rapidly becoming a marked symptom, co-existing with an increase in the bodily temperature, and spitting of blood takes place, you are justified in supposing that tubercular affection has been superadded to the original trouble.

The marked improvement here has been produced by cod-liver oil, iodide of iron, inhalations by the atomizer, and a generous diet, as you have heard detailed, and it forms an illustration of the temporary improvement we so often see in our cases after a short residence in the hospital, and, indeed, always look for when the temperature is stationary.

The next case well illustrates the truth of the remark just made. This man, Joseph P., twenty-two years of age, is a clerk, and has a wretched family history. His mother died of consumption, but he claims that he had no symptoms of chest trouble himself until he had a hemorrhage from the lungs, eighteen months ago. This bleeding came on without any evident cause, early in the morning, shortly after rising, and was profuse. He does not think that he had any cough before this hemorrhage occurred; in truth, he considered himself in perfect health at that time. Since the cough began he has had a succession of hemorrhages; indeed, it appears that during the succeeding three months he had as many as twenty-two in all. He has had no bleeding now for more than a year, but the cough persists, with occasional night sweats, progressive loss of strength and weight; indeed, he tells us that he has fallen away thirty-eight pounds since the disease began.

Here we have a history of a chronic cough preceded by a violent hemorrhage, in the person of a young man who was apparently in good health but who came from tubercular stock, and followed by all the evidences of tubercular disease. Nor is the evidence confined to the rational symptoms, for on examining him, we find evidences of a small cavity at the extreme apex of the right lung. The temperature since admission has been as high as 103°, but lately, only occasionally has it reached 101°. It should be noted that neither in this nor the preceding case was there any albuminuria.

Not to occupy too much time with this patient, I will state that he was placed on cod-liver oil, half an ounce three times a day, as in the other patient, and he was given, as a tonic, eight grains of quinia, daily. His night sweats have been broken up by atropia. The dose given was one-sixtieth of a grain each night, and he has had no sweating since taking the first granule, of which he has used but three in all. He reported that the atropia stopped the sweating, relieved his cough, and made him more comfortable at night, but on the third morning his mouth was dry, and as he was otherwise better the atropia was discontinued. No inhalations have been used in this case. He has been in the hospital nearly four weeks, and has gained nine pounds in flesh, and the physical signs have remained stationary, the fever has declined. Like the preceding, this is a case of arrest of the morbid process for the time.

Now I will call your attention to a few points regarding the origin of this disease, and then to a few general considerations bearing upon this affection and its treatment. We find in this patient a history of hemorrhage first, and lung disease afterward. There is no history of catarrhal pneumonia here. It is a case of phthisis which has commenced apparently from a hemorrhage. The later writers called this phthisis from hemorrhage "phthisis ex hemoptoë," but modern physicians regard this origin only as an apparent exception to the rule, and that, in fact, the disease in the lung antedates the bleeding. And if these lungs had been examined, we would, I think, have found some evidences of disease, however slight, previous to the hemorrhage. But of late years another view has been offered by Niemeyer, who believes that blood effused in the lung structure may become such a source of irritation as to be followed by chronic inflammation and deposit. Now, what are my views on this subject?—you may reasonably ask of me, as your clinical teacher. I will grant, as a possibility, that a blood-effusion might lead to chronic pneumonia, and subsequent phthisis might be developed in some exceptional cases. I say, I am willing to state that this may occur, but most positively believe that the view that the hemorrhage arises from previous disease is, in the great majority of cases, true. Confirmation of this is found in the present case, in the fact that the patient comes from a tubercular family; and here also we find a sufficient cause for the whole trouble. I have not the slightest doubt but that previous disease of the lung existed. Why should this man have hemorrhages? No other interpretation than this can be given. A strain might lead to bleeding of the lung, but this would scarcely explain a succession of twenty-two hemorrhages in three months.

To sum up the points in this case of phthisis apparently arising from a hemorrhage, I have taken occasion to say that I regard this origin as only apparent, and that changes in the lung antedated the hemorrhage. Now you may want to know something of the principles of the treatment. I have told you that this man improved greatly on cod-liver oil and quinia, and that atropia relieved his night-sweats. The treatment of night-sweats by atropia originated in this hospital. We were the first to use it for this purpose, and it has since been generally adopted. We found that from one-sixtieth to one-eightieth of a grain, at bedtime, generally suffices; after a few nights we usually find that we can stop the remedy, or only use it occasionally. Now there is an objection to the use of atropia, in the fact that its physiological effect is to produce dryness of the throat; but this may be overcome by various means. Lime, or lemon-juice, lemonade, slippery-elm infusion, or a little tea, may be sipped, to moisten the throat, as required. I have also considered whether some remedy might not be employed for this purpose, and for some time have been using the fluid extract of jaborandi. Although I am not prepared to make any authoritative statement on this point, I may say that I have, on more than one occasion, obtained good results by combining these drugs. A small quantity of the fluid extract (f.ʒss to f.ʒj) given with the atropia, will not prevent the latter from checking the sweating, while it keeps the mouth moister. But irrespective of this inconvenience of dry mouth, atropia is very serviceable; it acts beneficially by stopping a drain, and improving the general condition, in which, however, it is aided by cod-liver oil.

In conclusion, I will show you a case that will also illustrate some interesting points. Henry M., thirty years of age, of Irish birth, caught cold last summer, while playing cricket, and has had more or less cough ever since. It is a noteworthy fact that this case also had an acute beginning. He states that with his cough he had mucous expectoration, but has never spit blood. He complained of some pain in the left shoulder-blade, when he first caught cold, and recently he had a little more pain than before. There is no history of lung disease in his family, and the patient always enjoyed vigorous health previous to the onset of his present malady.

We find this condition of things in the last few days: He had a rather high temperature, from 102° to 104° in the evenings, with a marked decline, nearly to the normal, in the mornings, therefore, considerable variation. He does not have the appearance of fever, and, in fact, on referring to his daily record, I find that the thermometer this morning only indicated 99°. His respirations are somewhat hurried, twenty-six to twenty-eight in the minute. Upon percussion I find nearly the whole of the right lung has its resonance impaired, both anteriorly and posteriorly, and on practicing what I call respiratory percussion, the patient holding his breath, with the chest successively examined in extreme expansion and emptied, the difference between the two sides becomes more striking. The respiration is harsh at the upper part, and feeble below, and a number of crackling sounds and fine rales are perceived throughout the right lung. On the left side there is some harshness of murmur, but without dullness. There are heard, occasionally, fine rales in the left side posteriorly, more particularly about the middle of the lung. The patient has gained about three pounds since he came into the hospital, although he had been losing flesh rather rapidly before he entered the ward, December 25th, 1877.

Now, what is the nature of the case before us? There is dullness and harsh breathing over the whole of the right lung, and harsh respiration without dullness on the left side, coming on, after exposure, in a healthy man. This patient is now in the condition that the first case was five years ago. A latent, sub-acute attack of pneumonia comes on after exposure to cold, followed by consolidation of the lung. This case will represent that form of consolidation that we call catarrhal pneumonia, and which was formerly known as chronic pneumonia, in which the effused lymph and fibrin does not pursue the course of that thrown out in ordinary acute pneumonia, which may be absorbed and disappear in a few days, but it takes a much slower course, and may be complicated by softening, as you have already seen. The case is one of catarrhal pneumonia, on the very threshold of pneumonic phthisis. He may never have true tubercular disease of the lung, but unless we can stop it the lung will break down, or, as in the first case, the tubercular process will be superadded. But we do not despair of restoring him to health.

We have to deal with an irritative fever in these cases, as you observe in the high temperature. Now, let me, before discussing the treatment, say just one word in allusion to the temperature chart, where you notice the most extraordinary differences between observations taken in the morning and evening. Is this high temperature significant? Is there anything peculiar and characteristic in these excessive and sudden variations? In answering these queries, I will state that these *marked differences of* 3° *or* 4° *between the morning and evening temperature is one of the characteristics of pneumonic phthisis.* I have more than once been called in to attend a case of supposed malarial fever, which was really pneumonic phthisis. The temperature chart is, then, one important sign of the malady.

As regards the treatment, while we have marked high temperature and fever in the afternoon we must reduce it. The only two remedies that are truly worthy of our confidence for this purpose are quinia and digitalis; salicylic acid has been tried but has failed, carbolic acid has been also used, with varying results. I will, therefore, give our patient two grains of quinia and one grain of powdered digitalis, three times a day, of course carefully watching the action of the latter and discontinuing it when its specific effects are obtained. Where there is much cough a little opium may be added to this pill, with benefit. He shall also have a granule of atropia at night, to be stopped when the sweats are broken. Can we do nothing for the consolidation, in order to stop the breaking down of the lung? Certainly this requires serious attention, and the indication may be well met by giving small doses of iodide of potassium and muriate of ammonia, say three grains of the iodide to five of the muriate which may be dissolved in a tablespoonful of compound licorice mixture. This, it is hoped, will lead to absorption, aided by stimulating applications to the chest.

These cases illustrate, in a striking manner, some of the varieties of what is called pulmonary phthisis, and some of the principal modes of the origin of this disease, the elucidation of which is one of the greatest achievements of modern pathology, and one of the most satisfactory evidences of its progress

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MERCY HOSPITAL, CHICAGO, ILLINOIS.

CLINIC OF PROF. N. S. DAVIS, DEC. 20TH, 1877.

Reported for the MEDICAL AND SURGICAL REPORTER
by R. M. LACKEY, M. D.

Lesion of Nerve Centres Following Concussion.

The case to which I will call your attention to-day is one of peculiar interest. Its history is as follows:—Joseph S., of St. Joseph, Mo., aged 41 years, by occupation a marble cutter. In November, 1873, he was struck with a stone on the frontal bone, just above the nasal process; he was rendered insensible for some hours, by the blow; there was a deep cut at the seat of injury, but no fracture of the bone. To all appearances he soon recovered from this injury and resumed his work as usual. In March, 1874, his left hand, where it came in contact with the marble while at his work, began to trouble him, and soon after he noticed that he was unable to control the motions of the left arm and the right leg; in consequence of this condition he had to stop work for four months, at the end of which time he had so far recovered that he again went to work. He states that he had electrical treatment during the time. In March, 1875, he was exposed to cold and had a relapse, the same parts being affected as before, and the same inability to control the movements of the right leg and left arm were present. He had also partial loss of sensation, and a cold feeling; could not walk without staggering, and soon became tired on attempting any exertion; had pain in the head, in the frontal region, as well as posteriorly at the base of the brain. These symptoms gradually increased in severity for a year, and during the past year he has not been able to get around. His vision began to fail in June, 1876, and continued failing, so that the past four months he has been entirely blind; the left eye began to fail first. He has been under active treatment until about two months ago; since then has had no treatment, and claims that he has improved some since the treatment was discontinued. Thinks he can see a little now; can discern objects placed before his eyes, or passing between him and the light. His hearing is good, as is, also, smell and taste; has a little difficulty of swallowing; talks pretty well; tongue clean, appetite good, discharges normal. Is very forgetful, he states, but thinks he can indite a letter as well as ever, and keep a train of thought as well. He has a somewhat anæmic appearance, as you see, due largely to his long confinement. His condition resembles, in many respects, that which is present in locomotor ataxy, and he has at the same time some choreic symptoms; but his is not a clearly defined case of either locomotor ataxy or chorea; neither is it paralysis; for, as you see, he has motion, and when he gets hold of your hand he can squeeze it quite firmly. The peculiar feature in his case is the loss of co-ordinating power; when he attempts a movement, he fails to accomplish his purpose, on account of the loss of this power, and not from inability to move. His toes turn down, and the leg goes in the wrong direction in spite of him, and the whole body has a tendency to turn to the left side, and he feels like reeling.

Now, as to the seat of his disease: study carefully the order of events in his history, and I think we will be able to trace it to the under surface of the left anterior lobes of the cerebellum and cerebrum, near the tubercula quadragemina, whose fibres, passing down, furnish nerves to the left arm, and passing further down, and across to the opposite side, furnish nerve power to the right leg. The morbid action set up in a small spot by the concussion produced by the blow on the forehead has been gradually extending so as to involve the anterior lobe of the left cerebellum, and across to the right side, and to the origin of the optic nerves as well. What relation has the blow to this disease? It is the nature of blows which produce concussion to partially, or apparently wholly recover at first, yet the molecules of the brain substance have been so disordered as to impair the vitality and nutrition of the part, and a slow and gradual change goes on, in which the brain matter is eventually deficient and connective tissue takes its place; and there is, then, what we have in this case, that pathological state known as sclerosis.

The direct force in this instance did not produce fracture, but the counter-force was sufficient to produce injury elsewhere, which has resulted in a morbid process, and may involve a low degree of inflammatory action, which will account for the pain he has had in the head.

The all-important question to the patient is, can he be helped, or must the disease go on until the more essential parts of the brain structure become affected? In most cases this is the result. They sometimes come to a standstill for a time, and the disease may seem to be arrested, but the termination is eventually unfavorable.

As one means of relief, it is desirable to secure rest; both body and mind must be set at rest; his coördinating powers must not be taxed. He may move moderately, turn in bed, and move the limbs, and flex and extend them, so as to prevent stiffness, and keep up the power of the will over them as fully as possible. His diet must be nutritious but not stimulating; he may use weak tea and coffee. As to medicines, during the stage of pain and fullness of the blood-vessels, give iodine and mercurial alteratives, as the iodide of soda and bichloride of mercury, with conium. After this stage is past these remedies are not advisable, but we must promote nerve nutrition with the phosphates. I will direct him to have at meals the compound syrup of hypophosphites and extract of malt. We would not venture now to give him strychnia or use electrical currents, for fear of stirring up too much action, and bringing on his old headaches. After continuing the more soothing remedies for awhile, we may cautiously resort to the last-mentioned remedies with advantage.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

FRANK WOODBURY, M.D., REPORTING SECRETARY.

Conversational meeting, held November 14th, 1877, at the Hall of the College of Physicians, Professor Henry H. Smith, President of the Society, in the chair.

A vote of thanks was tendered Dr. J. A. McFerran, for his paper, entitled, "Is there Not an Element Wanting in the Construction of the Obstetric Forceps?" * accompanied by a pair of forceps of novel construction, which he exhibited to the Society.

Dr. A. H. Smith praised the ingenuity displayed in the construction of the forceps exhibited by Dr. Mc.Ferran. He could not, however, altogether agree with the lecturer, in the statement that the use of the ordinary forceps necessarily precluded the possibility of the head following its natural course through the canal, nor in the assertion that the condition of affairs after applying the forceps is just the same as if the child's cervical vertebræ were anchylosed. Nor can the statement be accepted without question, that everything depends upon the individual skill of the operator, and that all the different instruments can be made to produce equally favorable results. We expect to accomplish more with our light forceps than would be possible with the heavy English ones, and undoubtedly can and do have better success.

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* See page 421, vol. xxxvii.

With the forceps of the ordinary pattern we can do all that can be done by those with the hinged blades. Moreover, that the hinges are a positive objection, in so far as they weaken the strength of the instrument. In the fixed forceps we know, by means of the direction taken by the handles, the exact position occupied by the head at any stage of its progress; this advantage is lost in a pair with movable blades.

In regard to the lateral or rocking motion that we are sometimes advised to give to the handles, the truth was recently enunciated by Matthews Duncan, which Dr. Smith has for fourteen years taught his classes, and he therefore quite agreed with the lecturer, that no force should be expended in lateral motion.

The handles of the forceps are often improperly used for the purpose of making sustained and powerful traction. This is wrong; they should not be used to pull with, but to guide. The advice of authorities, to brace the knees against the bed, or person of the patient, in order to pull, should be positively disregarded, and cannot be too strongly deprecated. The instruments should be used to guide the head according to the course properly adopted by it in the natural mechanism of labor.

I believe that with the old Davis forceps, introduced into this country by the late Prof. Meigs, we can deliver any child that it is possible for any forceps to deliver living. With an instrument of this kind, whose blades are applied fairly to the sides of the child's head, we have full control of the head; there is a powerful grasp, without powerful compression.

The Hodge forceps comes next to the Davis, in my estimation, but I think they are more liable to slip. In using the short forceps they are to be applied as nearly laterally to the head as possible; the simple traction should be made in the line in which you wish the head to be carried. The great mistake in the construction of the ordinary forceps is that they are made with long handles and immense hooks or rings, as if strong pulling were to be employed; the temptation is to lay hold of these powerful instruments, and do great mischief to the patient.

In spite of the opinion expressed in the paper of the evening, I claim that these (Davis) forceps will lay hold of and deliver a child's head from above the superior strait, the handles accommodating themselves to the position, and going to one side or the other in the sacrosciatic notch.

In the use of the forceps we should simply follow nature's indications, and allow flexion and rotation to take place; at least, we must not attempt to interfere with the normal mechanism of labor, which, indeed, often occurs in spite of the forceps, rotation, extension, and flexion taking place independently of the instrument, by the force of nature.

The forceps exhibited are entirely different from those of Tarnier, which instrument has two sets of handles, one fixed and the othe movable on a joint.

Dr. William Goodell formerly believed with Dr. Smith, but of late years has been led to think differently, as he had expressed himsel in a paper read before the International Medica Congress.

The forceps shown are entirely different from Tarnier's, and display much originality. The idea is a good one, but he thought that a little lateral motion would be an improvement.

In a case where he applied the ordinary forceps and found they would not work, h removed them and brought the head around the promontory by the aid of the vectis, and then re-applied his forceps and effected delivery without further trouble.

Dr. MacFerran thought that the principle involved in the hinged forceps appealed to th reason and the judgment, and was willing and anxious that they should have the test of experience. All the writers, from Baudelocqu down, say that it is impossible to make traction in the direction of the axis of the superio strait, with the ordinary straight-handled forceps. The forceps recommended by Dr. Smith applied at the superior strait, bring the hea down obliquely, which is of great importance in a close pelvis, where there is but little difference between the diameters of the child's hea and the maternal pelvis. This difficulty i met by the hinged blades in a manner that wa utterly impossible to be done by any othe forceps that he had ever examined.

Compound Useful in the Treatment of Asthma.

Dr. Wm. M. Welch called the attention o the members to a substance that he had found to be useful in the treatment of asthma. I was a powder, to be burned in the sleeping chamber, and the fumes inhaled. It was composed of two and one-half parts of nitrate o potassium, one-half of a part of belladonna, and five of powdered stramonium leaves, intimately mixed with a small proportion, say, one-hal part of pulverized white sugar, the latter being added to prevent the compound from burning too freely. The saltpetre may be dissolved in just enough water to make a saturated solution which is mixed with the leaves and subsequently the mass dried into a coarse powder, and suga added. A small quantity is placed on a bric or tin-plate and ignited, when it burns, givin off a cloud of smoke. He had, occasionally spread sheets over a clothes-horse, for the purpose of confining the fumes, and had obtained very satisfactory results during paroxysms o asthma.

—The total amount of opium imported int the United States for 1877 was 2,589,924,38 grains. Deducting one-fifth for medical uses there remain for opium eaters 6,125,383 grain daily. If thirty grains are taken as a dail dose, there are in the United States over 200,000 men who eat opium.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Orthomorphic Treatment of Deformities.

This is the name which Dr. Dally, of Paris, ives to his method. It is described as follows y the correspondent of the *British Medical ournal* :—

He professes to cure without the aid of echanical apparatus or cutting instruments. r. Dally's method of treatment consists of arious manipulations, exercise, passive or active, ydrotherapy, electricity, regulated diet, etc., or carrying out which he has founded an esablishment of his own in Paris. The princiles of his treatment are, that these agents, eing powerful modifiers of the tissues, the ecretions, and organic or structural forms, in determinate direction, may be applied to deormities with greater chances of a permanent ure than by mechanical means, or even with he knife. The tendency of the body or parts f the body to assume certain attitudes by pracice or training may be seen by what may be ffected with animals and human beings that re exhibited in public places, such as pugilists, crobats, and horrible "dislocators," from whom ome hints may be taken for the fulfillment of ertain indications in the treatment of deformiies. I have paid a visit to Dr. Dally's estabishment, and was much pleased with the internal rrangements of the place. I cannot say it is ast, but it contains all the requisites for carryng out the different methods of treatment reerred to above. Beside deformities of the ody, other affections, such as gout, rheumaism, etc., are here treated on the same princiles, and I know of a case of alcoholism that as thoroughly cured in less than two months y "massage," electricity (continuous current), nd "sudation." The patient was a major of he Indian army, who was obliged to leave, as e felt himself utterly incapable of performing is duties. Under the impression that spirits ere necessary for his health, he used to take a lass of brandy the first thing in the morning. his was gradually increased and repeated everal times, till he reached half a bottle a day, ndependent of the beer and wine he took at eals. He used to say he drank this quantity, ot from thirst or pleasure, but he felt that it as a want that he must satisfy. He left India n furlough, to go to Europe, about the begining of the year, and on his arrival at Paris laced himself, through the advice of an Engsh physician, in the hands of Dr. Dally. Dr. ally stopped his allowance of brandy at once, ermitting him to have a pint of beer at each eal, and subjected him to the treatment menoned above. Since leaving Dr. Dally's establishment, the major has twice written to say he still abstains from spirits; he never feels the want of them, and hopes that he is as thoroughly cured of the habit as he is of his illness.

The Nervous Symptoms of Gout.

The following admirable summary of the nervous symptoms arising from gout are given in the *British Medical Journal*, by Dr. J. Russell Reynolds, the eminent Professor of Practice in the University of London :—

I. *Mental Disturbances.*—Many cases have come before me in which there was great restlessness; the patient could not be still for a moment; was alternately excited and depressed; slept badly, or not at all; was intensely hysterical; and could not attend to business; while others have complained of failing memory; of want of power of attention; of suicidal thoughts; of intense melancholy; others of sounds in the ears; voices, sometimes distinct, sometimes not; and some or all of these of long continuance; but yet all disappearing under treatment upon the hypothesis I have mentioned. These symptoms often alternate with, or accompany, those which I mention next.

II. *Pain in the Head.*—Some of the most intense head pain that I have met with has been of this character, and been relieved by treatment of an anti-gouty description. The special features are pain on one side of the head, usually parietal or occipital; "grinding" habitually; but forced into almost intolerable severity by movement, such as the jar of carriage riding, or running down the stairs of a house; and this without any over-sensitive nerve points; without tenderness of scalp; and without any aggravation by mental exertion. It is not affected by posture or by food; it is relieved by physical rest, and may disappear entirely after treatment of the kind that I have mentioned. It is not anæmic, nor neuralgic, nor dyspeptic (in the ordinary sense of that word), and it yields to nothing in the way of treatment that may be directed against those common varieties of headaches. It is very often associated with some of the other symptoms that I have mentioned, and they must be taken into account when making a diagnosis of the malady.

III. *Modified Sensations.*—1. Of these, vertigo is one of the most common, and it may exist alone. It takes, sometimes, the form of objective movement, but more frequently that of subjective movement, such as the sense of "swimming" or "floating" away. This vertiginous sensation is sometimes determined by posture, and occurs only when the patient lies on one side, it may be the left or the right, the apparent movement of external objects being from that side toward the other.

2. With vertigo is often associated "noise in the ears," not the sound of "voices," but drumming, hissing, singing sounds, recognized to be in the ears, or in one ear, or in the head, and not appearing to come from outside. There is not, or need not be, any mental delusion with regard to these; the patient knowing well that they are inside his organism.

3. Associated with such vertigo and tinnitus there is frequently deafness, and the feeling of "beating in the ear;" and the symptoms are like those described by Meniere; but I have found them in the vast majority of instances associated with a gouty habit. With vertigo and tinnitus there may be much mental depression, or attacks of bewilderment, amounting sometimes to those of *le petit mal.*

4. Modified sensations in the limbs may occur. A large number of people complain of "numbness," "tingling," "creeping," "deadness," or some other altered state of sensibility in the limbs, which, sometimes taking a paraplegic, sometimes a hemiplegic, distribution, have caused much anxiety; and the more so, because the suggestion of organic disease of brain or spinal cord has sometimes been conveyed, and yet all these troubles pass away. That which I have observed to be in them the most characteristic of their gouty origin is their variability in kind and locality. To-day, for example, there is "coldness" in the left leg; to-morrow, "a sense of heat;" last week, a "pricking" in the right hand; the week before, a "stinging" feeling on the side of the head, or in the tongue. This wide distribution and variability, so alarming to the patient, is much less alarming to the physician, who recognizes in these very facts the elements for a favorable prognosis.

Here, too, I must mention the great frequency with which pains, flying pains, darting pains, often like those of ataxy, are met with in the limbs. So-called "sciatica" is of frequent occurrence, and "pleurodynia," and "myodynia," of all localities, are common enough. The sciatica of gouty sort is often double, shifting from side to side with a frequency that does not improve the temper of the gouty patient, but may raise the hope of his physician as to the probability of cure. Other seats of pain are most frequently the insertion of the deltoid muscle and the inner aspect of the upper arm, the ankles, the heels, and the interscapular region. The lower mammary region on the left side is often the seat of pain, as it, indeed, is in many other maladies.

IV. *Modifications of Muscular Action.*—1. Cardiac palpitation, intermittence or irregularity of pulse, or painful aortic pulsation at and below the epigastrium, often suggest to the patient the presence of cardiac disease; and it is worthy of remark that, on the one hand, a very great amount of discomfort may often be felt by the patient when the physician can discover no change in sound of heart or rhythm of pulse; and that, on the other, disease of aortic valves, and other obvious signs of cardiac change may often be discovered by the physician in a gouty patient, he having never been conscious of any thoracic trouble.

2. Flickering contractions of muscles in the limbs; tonic spasms, with cramp-like pains; and "startings" on falling asleep, have often appeared to me to be of gouty origin, and that for the reasons that I have assigned. Priapism, without erotic feeling, is also very common. It sometimes disturbs the sleep, is felt on awaking, but quickly disappears, without emission.

3. Local weakness of muscles, such as ptosis, single or double; want of co-ordination of movement of the limbs, both upper and lower, giving an awkwardness of movement and an ataxic gait—are among the symptoms that may have the course and history that I have suggested. I have recently seen several cases of ataxia, and one with marked double ptosis, which had been treated unsuccessfully upon a syphilitic hypothesis, but which recovered speedily when the treatment was based upon a gouty theory.

V. Lastly, there are symptoms beyond those which I have mentioned, and which do not form part of the matter for my description now, but which I will simply enumerate as being further guides or helps in the diagnosis of gouty cases: 1. Dyspepsia, cardialgia, distention of stomach and colon with flatus, pyrosis, and acid eructations. 2. Varicosity of veins, with tendency, upon slight injuries, to occlusion of veins. 3. Brittleness and vertical lining of the nails of both fingers and toes. 4. Slight conjunctivitis, with occasional chemosis.

The groups of symptoms that I have enumerated rather than described sometimes co-exist, sometimes alternate, and their phases are often very puzzling. They present great difficulties in diagnosis and in treatment until the clue is caught. It is often saddening to look through the carefully cherished prescriptions, and especially when they are one's own, and see the long array of drugs that have done no good—iodine, bromine, strychnine, quinine, zinc, iron, silver, cerium, arsenic, valerian, and hops, to say nothing of mercury, bitter infusions, mineral acids, and the like; but then one's sorrow may often be turned into joy—and a joy in which the patient most heartily participates, when a simple treatment, such as I have suggested, is adopted, and all the troubles disappear with a rapidity that seems quite magical, and reminds one of that beautiful process of clearing a photographic picture by cyanide of potassium.

The Varieties of Urethritis.

Before the Medical Society of Vienna, lately, Dr. Grünfeld gave an account of the results which he had obtained by endoscopic examination in cases of gonorrhœa in early stages. He made the following distinctions:—

1. *Urethritis blennorrhoica* (*acute blennor-*

rhœa). The urethral mucous membrane is covered with pus, and appears in the endoscope in the form of distended semi-globular elevations, moderately reddened, and often bluish or dark red. Mechanical irritation of the mucous membrane readily produces bleeding. The usual situation of the disease is the anterior part of the urethra.

2. *Urethritis membranacea.* Here there is generally œdema of the prepuce, and the freshly passed urine usually contains fine leathery membranous masses. The endoscope shows that there is pus, but less than in the previous form; the mucous membrane is not red, but covered with an extensive layer of whitish-gray exudation, firmly adherent, and not removable without causing hemorrhage. After a few days the mass of exudation is thrown off, and the appearance of urethritis blennorrhoica is presented.

3. *Urethritis simplex.* In this, large masses of pus are formed, but the swelling of the mucous membrane and the hyperæmia are not so great as in the first form.

4. *Urethritis granulosa.* This form has been mostly described by Désormeaux. The mucous membrane is but little covered with pus, but is arranged in three folds of a somewhat dark red appearance, uneven, velvety, and here and there presenting punctiform elevations.

5. *Urethritis with ulceration.* To this class belongs herpetic urethritis, in which, at a distance of three fourths of an inch to an inch and a half from the orifice, are found small shallow ulcers, distinguishable only by their gray color from the surrounding reddened mucous membrane. This form of the malady is rare, and occurs only in persons who have herpes præputialis. Dr. Grünfeld only found chancrous ulcers at a small distance from the orifice; they presented the same appearance as on other mucous membranes. He had not been able to find catarrhal or tuberculous ulcers, or *plaques muqueuses*, in the urethra.

The Surgical Treatment of Empyema.

According to Mr. H. Marsh, of the Hospital for Sick Children, London, as given in the *British Medical Journal,* there are two proceedings connected with the treatment of empyema that are often found troublesome to carry out: the introduction of the drainage-tube, and the washing out of the cavity of the pleura. The usual method of introducing the drainage-tube is to make an opening in the fifth intercostal space; to pass a long probe through this, downward and backward, to one of the lower spaces; to make the point of the probe prominent beneath the skin, to cut down upon it, and then to drag the probe through the pleural cavity with the drainage-tube attached to it. The following appears to be a somewhat more simple and convenient method.

A number three catheter is threaded with a piece of strong ligature silk. This can be done by passing a piece of silver wire along the tube of the catheter, from the eye to the handle end, and dragging the silk through with this. Two or three inches of the silk are left projecting from the eye and four or five inches from the opposite end. The catheter, thus prepared, is used instead of the long probe; it is introduced through the upper opening and passed to the lowest part of the pleural cavity; its point is rendered prominent in an intercostal space, an incision is made upon it, and it is brought out through the wound till the silk emerging from its eye can be seized; the silk is firmly held while the catheter is withdrawn, and then the drainage-tube is attached to the silk, and drawn through the chest from one opening to the other. The catheter is a convenient instrument for this operation; it is more rigid than an ordinary probe, its curve is appropriate, and its handle enables the operator to hold it firmly and to use it as a searcher for the lowest part of the pleural sac, while it obviates the necessity of dragging the probe through the chest.

Mr. Marsh has found the following plan useful for washing out the chest. If drainage have been previously used, a special tube is prepared, as follows. It is made of red india-rubber, which is tougher and much more durable than the vulcanite, and is not affected by any agent used for injecting the pleura. This tube should have holes cut in its side, only in the lower half. Three or four inches from its upper end a piece of silk should be tied around it, so as completely to close its canal at this point, and just above this constriction a fenestra should be cut in its side. To wash out the chest, all that will be now required is a piece of smaller tubing, one end of which is inserted into the upper end of the drainage-tube, and the other in the fluid which is to be injected, which is held in a vessel six or eight inches above the patient. The apparatus will act as a syphon. The fluid will pass through the smaller tube into the larger, which it will traverse till it reaches the constriction, where it will escape by the fenestra into the cavity of the chest, and will then run out either through the lower opening by the side of the tube or through the perforations in the tube itself. This plan can be carried out without pain or any disturbance of the patient.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Prescription Writing: Designed for the Use of Medical Students who have Never Studied Latin. By Frederic Henry Gerrish, M.D., Professor of Materia Medica and Therapeutics in the Medical School of Maine. Loring, Short & Harmon, Portland, Maine. 1 vol., cloth. 12mo, pp. 52.

The author of this work has prepared it in the hope of bringing something like correctness into the Latinity of prescriptions. It is to be regretted that there are medical students who have never studied Latin. All such had better go to farming, or blacksmithing, or some other such occupation for which their education fits them. But as, unfortunately, there is no hope of this, they had better study the work before us, or else, what we should prefer, give up the absurd custom of trying to write a language of which they know nothing.

Dr. Gerrish gives the rules for the declensions of nouns, a list of the Latin words used in writing prescriptions, explains the signs, and adds a number of sensible hints on prescribing clearly and carefully. He is generally correct, but on page 36 his own Latin trips, where he closes a prescription with

Aquæ, ad. ℥vj.

This should be *aquam*, the noun being the direct object of the verb *recipe*. Again, if the words *lagena* or *scatula* are at all in use now, in writing prescriptions, it must be in a limited territory. They are not given, for instance, in Beer's *Pharmaceutical Dictionary*.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Vol. xvi. Diseases of the Locomotive Apparatus, and General Anomalies of Nutrition, by Professor H. Senator, of Berlin; Professor E. Leitz, of Giessen; Professor H. Immermann, of Basil; and Dr. Birch Hirschfeld, of Dressen. Albert H. Buch, M.D., New York, editor of American edition. William Wood & Co., New York.

The publishers announce that they find themselves obliged, very reluctantly, to extend the work to seventeen volumes, but that it is absolutely certain that seventeen volumes will complete the work.

Professor Senator writes upon the Diseases of the Locomotive Apparatus, and Diabetes Mellitus and Insipidus; Leitz, upon "Slight Disorders, caused by Catching Cold;" Immermann, upon "General Disorders of Nutrition," and Corpulence; Birch Hirschfeld, upon "Scrofulosis and Affections of the Lymphatic Glands in General."

Space will allow the mention of a few points of the work. The section on "How We Catch Cold," etc., is particularly interesting. The disorders belonging to this group are most common in wet, cold, and windy weather; while any one of the above factors acting alone, *e. g.*, severe cold, without rain or wind, a high wind at midsummer, etc., does not usually cause any ill effect. The old notion that these diseases are due to suppression of the cutaneous secretion is rejected. This chapter will repay a very careful perusal.

Under "Disorders of Nutrition," anæmia, chlorosis and pernicious anæmia, are considered. One hundred and thirty-one pages are required to consider corpulence, forty of which are devoted to its therapeutics. Prophylaxis is desirable, and, to a certain degree, successful. The indications for treatment are: 1. Diminution of the introduction of lipogenous material in the pabulum; 2. Increase of the trophic and plastic energy of the albuminized tissues of the body, especially those of the voluntary muscles; 3. Increase of the general stock of red blood-corpuscles, by promoting their new formation; 4. Increase of the animal process of oxidation, by increased introduction of oxygen. The work is bound and printed in the usual good style of the preceding numbers.

Transactions of the Twenty-second Annual Session of the Michigan Dental Association, held at Ann Arbor, October, 1877. Published by Ransom & Randolph, Toledo, Ohio. pp. 88.

This is the first time that this association has published its Transactions in volume form, and both the contents and appearance of the present issue are highly creditable to it. Of the original papers contained may be specified: On Tooth Bearing Tumors of the Jaw, by D. C. Haxhurst; On the Physiology of the Dental Pulp, by Professor J. A. Watling; On Dental Education, by T. K. Perry; On the Separation of Operative from Mechanical Dentistry, by several writers; On Dental Prosthesis, by C. B. Porter, etc.

Pneumono-Dynamics. By G. M. Garland, M.D. New York, Hurd & Houghton, pp. 155.

We have here a very careful experimental study of the problems of physics involved in the motions of the lungs, an effusion, and the thoracic walls. The conclusions which the author reaches differ considerably from those generally taught, and he supports them by numerous experiments and close reasoning. It is not practicable to give a synopsis of his doctrines in moderate limits without doing them injustice; and we would therefore refer the reader to the work itself, assuring him that he will find it highly creditable to the medical science of this country.

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THE SURGEON GENERAL'S REPORT.

The Annual Report of the Surgeon General, U. S. A., has lain on our table longer than usual this year. Yet it is a document in which the whole medical profession is interested.

The total number of deaths reported, from all causes, among the white troops, was two hundred and sixty, or eleven per thousand of mean strength. Of these, one hundred and eighty, or eight per thousand of strength, died of disease, and eighty, or three per thousand of strength, of wounds, accidents and injuries.

The proportion of deaths, from all causes, to cases treated, was one to one hundred and fifty-five.

The total number of white soldiers reported to have been discharged the service, on "Surgeon's Certificate of Disability," was seven hundred and forty-seven, or thirty-two per thousand of mean strength.

Among the *colored troops* the total number of deaths reported, from all causes, was thirty-two, or fifteen per thousand of mean strength. Of these, fifteen, or seven per thousand of mean strength, died of disease, and seventeen, or eight per thousand, of wounds, accidents and injuries. The proportion of deaths, from all causes, to cases treated, was one to one hundred and thirty-six.

The total number of colored soldiers reported to have been discharged, on "Surgeon's Certificate of Disability," was fifty-eight, or twenty-eight per thousand of mean strength.

Yellow fever made its appearance in the city of Savannah, Georgia, during August, 1876, and prevailed for several months, causing eight hundred and seventy-six deaths among the citizens. Company D, 5th Artillery—forty-three officers and men—then stationed at Oglethorpe Barracks, was withdrawn August 29th, and went into camp at station Four-and-a-half on the Georgia Central Railroad (in Screven County), forty-six miles northwest from the city. This movement was successful in preserving it from the ravages of the epidemic.

But two cases, both of which terminated in recovery, are reported to have occurred in camp. On the other hand, a non-commissioned officer left on duty at the barracks, as well as a non-commissioned officer and a private soldier of the signal service, on duty in Savannah, were attacked by the fever, and all died. Also, a non-commissioned officer of the signal service, stationed on Tybee Island, at the mouth of the Savannah river, contracted the disease, probably, it is reported, by visiting the infected city, but fortunately recovered. The epidemic having subsided, the command returned to Oglethorpe Barracks, November 23d.

In the Record and Pension division there was a total of 33,347 official demands for information. So much was the office crippled by want of funds to employ the necessary clerical force to meet this enormous demand, that *not one-half* of these inquiries were answered. The Report justly says this condition of affairs is deplorable (we should say, most disgraceful to Congress). Poor and suffering families are left to languish year after year, by this misplaced economy.

About 1000 volumes and 2000 pamphlets were added to the library, and the subject catalogue has been proceeded with satisfactorily. The Surgeon General renews the recommendation made in his previous report, that Congress should authorize the printing of this catalogue by the Government Printer. Its preparation has required much labor, and of its utility to the medical profession, if made accessible to them, there can be no doubt. The expression of opinion by physicians of this and other countries is unanimous upon this point, and it is to be earnestly hoped Congress will not delay the appropriation.

The work of stereotyping the Medical volume of Part II of the Medical History of the War was commenced in January, 1877, Surgeon J. J. Woodward, the officer in charge of that work, having previously been occupied by his duties in connection with the Centennial Exhibition. Between that time and July 30th three hundred and twenty-five pages were stereotyped, and it is confidently expected that the volume will be ready for issue before the close of the present fiscal year.

A second edition of five thousand copies of Part II, Vol. II, of the Medical and Surgical History of the War of the Rebellion was completed, under the supervision of Assistant Surgeon G. A. Otis; one hundred and thirty-five drawings on wood, and one hundred and thirty six engravings, were made for the Third Surgical Volume of the Medical and Surgical History of the War, and fifty pages of that volume were put in type, of which twenty-one pages were stereotyped.

A Report on the Transport of Sick and Wounded by Pack Animals—thirty-two pages, quarto—was prepared and printed under the same editorial supervision.

NOTES AND COMMENTS.

Bills for 1878.

With this and the next number we inclose to those subscribers who have not yet remitted, their bills for the current year. We ask them to give them prompt attention, and forward the amount called for. In case that any explanation or correction is desired, we shall be happy to make it.

As in some instances it may be more convenient to the subscriber to remit at a later date, we shall, with all such, be most willing to make an arrangement to that effect.

We particularly ask that all who receive a bill will favor us promptly with a response of some kind.

The Iodide of Starch.

Professor Ranieri Bellini has made a communication to the Medico-Physical Society of Florence, on the iodide of starch, which MM. Bouchardat and Quesneville were the first to introduce into therapeutics, and frequently employed in cases which required an active alterative medication, when the stomach refused to tolerate iodine in any other form. The iodide of starch is a chemical antidote which is specially appropriate to poisoning by sulphur, by the alkaline or earthy sulphurets, by caustic alkalies, ammonia, or any of the alkaloids. It is also an eliminating agent, very useful in the treatment of long-standing metallic poisonings, especially those resulting from lead or mercury. Dr. Bellini advises that the patient should always be made to vomit soon after the administration of the antidote, to rid him of the chemical products which result from the decomposition of the toxic agent, which in their turn might likewise become decomposed.

Alimentation in Surgical Accidents and Diseases.

Dr. Frank H. Hamilton read a paper, at a meeting of the New York Academy of Medicine, on the above subject, in which he urged that alimentation should be more studied in the treatment of surgical cases than it was. He said that in hospitals there was a tendency to cut off extra diet, though liquors and medicines were given freely. He suggested, also, that it would be a wise plan to attach a diet-kitchen to dispensaries.

A New Theory of the Nature of Water.

M. Maiche, in *Les Mondes*, propounds the theory, reached after numerous experiments, that water is simply hydrogen *plus* electricity, or oxygen *minus* electricity; or, in other words, that normal electrified hydrogen constitutes water, and that normal diselectrified oxygen produces the same; or that hydrogen, oxygen and water are precisely the same, differing only in degree of electrification.

The Treatment of Habitual Drunkards.

Dr. Moore, medical officer of the County Antrim Prison, Ireland, has recently published a pamphlet in relation to the treatment of habitual inebriates. In the case of confirmed drunkards, of whom the vast majority of prisoners consists, he suggests that a person once committed should not be allowed at large again until the habit of intemperance is cured. Short terms of imprisonment do not allow the effects of the drink to be eliminated from the system, and liberation from confinement destroys any moral reformation which may have begun. Dr. Moore argues that habitual drunkards should be committed, like prisoners under remand, the remand to be for a period of not less than three months; and after being discharged they should be liable to be called upon periodically to prove that they are conducting themselves in a quiet and sober manner, the evidence of this state of things to consist of a certificate from a clergyman, a physician, or three householders; the supervision to last for twelve months.

On the Treatment of Fractures with Cotton-Wool Dressings.

Dr. Monton, of Paris, has, in Prof. Broca's wards, carried out a series of experiments which have demonstrated that compression made with cotton wool dressings lessens the power of muscular contraction in a very remarkable manner, and for that reason it is a useful auxiliary in the reduction of fractures. The use of this bandage also obviates the complications which may supervene in compound fractures. Finally, this means allows the delay of the serious operations rendered necessary by wounds.

Dr. Monton's conclusions are as follows: 1. Fractures may be reduced, and kept in place by cotton-wool dressing. 2. Cotton-wool dressing is exclusively indicated in fractures with communicating wounds, in hospitals and all other localities where the air is vitiated by overcrowding. 3. The same dressing gives the power of delaying operations actually contra-indicated by the state of the patient, with advantage both to him and to the surgeon.

The Difference Between Hard and Soft Chancres.

The general tendency of the latest research seems toward the doctrine of the unity of the syphilitic virus. Some recent German writers, however, especially Drs. Auspitz and Unna, claim that there are essential histological differences between the soft and hard chancres. The characters distinctive of the latter are hardness and chemical change in the bundles of connective tissue, and a peculiar development of the epidermis. The epidermis grows downward in processes which send out projections horizontally to the skin, and these are subsequently snared and isolated by the growing connective tissue. Masses of granulation-cells penetrate to the horny layer of the epidermis, and are also found in the cutis, bounded by tracts of epidermis. The form of the sclerosis depends on the arrangement of the blood-vessels, the process taking its origin from the adventitia. The coats of the blood-vessels are markedly affected, those of the lymphatic vessels to a less degree.

CORRESPONDENCE.

Unusual Action of Anæsthetics.

ED. MED. AND SURG. REPORTER:—

Following up the editorial in your journal of December 22d, 1877, on "Inquiries Concerning Anæsthetics," I think it well to accumulate all evidences of peculiar and interesting experiences in the administration of chloroform and ether (particularly those of a medico-legal character), for the protection of our profession from false criminal prosecutions, that have occurred in this country as well as in England, and, under the present want of knowledge in this relation by the members of the bar, are liable to occur at any time. A counselor-at-law, to give good advice, must have some facts, where there is no special law in relation to the subject upon which he can reason and form therefrom an honest opinion. Not having any accumulation of cases upon this subject, and knowing no facts in relation thereto, an attorney may, at the suggestion of a person, undertake the prosecution of an innocent party, which he would not so advise if such facts were laid before him showing that his client may be suffering under a false impression, and there was no cause for an action at law. With this idea in view I would call upon the profession to make public any interesting cases that have come to their personal knowledge, so that a compilation of the same can be made, for use by attorneys-at-law and the courts in general.

During the course of a number of years of study in Europe, I was present and assisted in the administration of chloroform very many times, in the various clinics and hospitals; and since my return home to this city, I have had considerable experience with chloroform, ether, and bichloride of methylene, as anæsthetics, in my hospital clinics, as well as in private practice; the following cases have come under my observation, all of which I have no doubt can be authenticated by the experience of others as soon as the interest in compiling such cases is aroused.

In relating the cases I will present, first, those of peculiar hallucinations; second, as to the retention of consciousness during the operation without feeling pain; third, as to anæsthesia while asleep, without awakening.

While I was attending Prof. von Graefe's clinic, in Berlin, a young lady of about 19 years came in, for the operation of neurotomy of the supra-orbital nerve. It was necessary to anæsthetize her, chloroform being used. During which act, in the presence of the class, she passed through all the actions and emotions of coition. Dr. von Graefe called attention to this, as one of the effects, at times, of inhaling chloroform, and advised the necessity of having several present when chloroform was administered to the opposite sex.

In my clinic in the Wills Eye Hospital, in 1874, a female of seventeen years of age came to me to be operated on for strabismus convergence. She wished to be etherized, so as to prevent her feeling any pain. During the administration of the anæsthetic by the house surgeon, in the presence of several visiting students and physicians, as well as the regular clinic assistants, she, after a few minutes' inhalation, began talking in the most lascivious manner, accompanied with all the actions and emotions of sexual intercourse; and when coming out from under the deep anæsthesia, after the operation, the same hallucination and actions possessed her. When free from its influence she claimed that one of the assistants had had sexual intercourse with her. This idea was given up, however, after being assured that such was not the case, and of the number present at the operation. Some one must have mentioned the whole or part of the affair to her, for on her appearance at the next clinic day she very modestly apologized to me for her actions, saying, "that she could not help it, as she knew nothing at the time."

In the spring of 1876 I was obliged to etherize a young lady, so that I could make the operation of tearing loose posterior synechia, and during the inhalation, which was administered by my friend, Dr. Frank Fisher, her eyes became uncovered for a moment, in which time she opened them and looked staringly and frightened at me, as I sat by her side holding the pulse. She struggled to get away, and attempted to scream. Her eyes were at once covered, and the ether pushed to complete anæsthesia. After coming out from under its influence, she told the young lady friend with whom she was staying, and who was present at the operation, that "I had turned into a wild cat; she was positive of it." For ten days she was so impressed with this delusion that she would not look at me, and it was with difficulty that I could treat the eye.

In relation to the second question, "Can there be retention of consciousness during the operation, without feeling pain?" the following two cases will show that such can be.

In the summer of 1863, while I was assisting Dr. Hensey in the surgical wards of the Citizen's Hospital (Bürgerpital), in Berne, Switzerland, a case of amputation of the leg at the lower third of the femur was made on a gentleman of that city, in which it was necessary to administer an anæsthetic. After inhaling chloroform for a few minutes he lost all feeling, but continued to converse with Dr. Hensey, and told him to go on with the operation, but before doing so they should prop him up, so that he could see the whole affair. He looked at the operation very quietly, and denied feeling the least pain, nor did he show in the least that he experienced any.

In April, 1871, in my clinic in the Philadelphia Eye and Ear Infirmary, I made an operation for shrinkage of a staphylomatous eyeball, on a lady of thirty-five years of age, who, after inhaling a mixture of chloroform and ether a few minutes, lost all feeling, but not consciousness, and the operation was made without the least sensation of pain, as assured me by the patient, who remained perfectly quiet, and answered promptly every question that I put to her. The anæsthetic was administered by my assistants, Drs. J. W. Millick, D. C. Lloyd and W. F. Church, in the presence of several students who were attending my clinic and lectures at the time.

To the third question, "Can one be anæsthetized during sleep without awakening?" the following will show:—

July 26th, 1876, I was called to Lebanon, Pa., to enucleate the eyeball of a boy, who had received, twenty-three days previously, some shot in his face, from a gun, one of which had penetrated the eye, destroying it. When I arrived, his father said that his son had just fallen asleep a few minutes before, and asked if he should awaken him. I at once proposed to Drs. Light, Lineaweaver and Gilford, of that place, who were present, that we should not awaken him, but try to etherize him while asleep. We went up quietly into the room; Dr. Light took the towel, on which ether had been poured, and approached him gently and slowly, I renewing the ether from time to time, until the cloth was applied immediately over the face, and thus he was put completely under the influence of the anæsthetic without his waking up; he making only a slight roll over from one side to the other. He was then carried out into the adjoining room, in which the operation was to be made, laid on a settee arranged for that purpose, and the eyeball removed. He did not wake up from the time he went to sleep on his mother's bed, before I arrived, until after the operation was completely finished; and then he came to himself with the remark, "Let my eye alone."

Hoping that you may be the means of drawing this needed information together as a safeguard for the future, I remain, yours truly,

P. D. Keyser, m.d.

1630 *Arch street, January* 10*th*, 1878.

Treatment of Diphtheria.

Ed. Med. and Surg. Reporter:—

Our village contains less than six hundred inhabitants. Has long been noted for its healthfulness. About the middle of last September it was visited by an epidemic of diphtheria, since which time there have been sixteen deaths from the disease. All the deaths were between the ages of two and fifteen years. I have treated thirty cases in all, some of marked severity. I had one death only; it in a family of fourteen members, five of whom were subjects of the disease, crowded into a room twelve by eighteen feet, in squalor, filth and ignorance. This case had epistaxis till he nearly bled to death, then laryngitis, with exudation, till his life was despaired of; yet he lived two weeks after all traces of the diphtheritic membrane had disappeared. I feel satisfied that, had he had proper hygiene and suitable nursing and food, he would have recovered. I used in all but my first case the sulpho-carbolate of sodium, as recommended by Dr. Anthony, of Providence, R. I. I use it in doses from five to thirty grains, in an aromatic syrup. I also use freely a saturated solution of chlor. pot., beef tea and milk. No swabbing or gargle; tonics when indicated. I have noticed an entire absence of fetor in my cases, which is in marked contrast with cases treated by others, who have used quinia, tr. ferri chlor., pot. chlor., etc. I have not seen the least bad effect from its use in large doses. I am beginning to have faith in it as a prophylactic, and think it is worthy of further trial. D. A. Philips, m. d.

Linesville, Pa., January 14*th*, 1878.

News and Miscellany.

Correction.—On p. 58, line 3 from foot of first column, for *nervous* read *venous.*

Effect of Music on Mania.

Some curious experiments have lately been made in the Randall's Island Asylum, New York city. Their object was to determine, if possible, the relative and specific effects of rhythm, melody, and harmony upon patients suffering with melancholia and acute mania, and to note the emotional influence and therapeutic results (if any) of the different modes and various kinds of music, when performed under favorable circumstances, to individuals and groups selected from the large number of insane now under treatment on the island. About fourteen hundred female patients were assembled in the entertainment hall, and subjected to a continuous strain of piano music for half an hour. It was observable that the general effect was to raise the pulse and make the patients restless. A prevalent desire to keep time with the dance music was noticeable. Rhythm they were all susceptible to, and its effect was stimulating. Mere melody of an uncertain tempo was without any effect, except in those individual cases where the force of association was still operative. During the performance of a waltz, it was with the greatest difficulty that the keepers could keep the patients in their seats; and even when thus confined, the greater number kept time by drumming on the seats with their hands, wagging their heads, or shuffling their feet. In one case of chronic melancholia, the performance of "Home, Sweet Home," invariably brought the patient to her knees, where she began to recite the "Lord's Prayer" in an apparent ecstasy of devotion. In another case of acute mania, the dance music raised her pulse from 78 to 106, without the patient exhibiting any other signs of excitation than the involuntary twitching of her facial muscles. In the worst cases, cantabile music seemed to have much the same soothing effect that it has upon certain animals. They were disposed to lie comfortably down and go to sleep under it. In nearly every instance the effects of pronounced rhythm were involuntary, the movements of the limbs and facial muscles being attributed to reflex action.

A Heroic Deed.

A wonderful example of self-sacrifice is reported of one of the Sisters of the Order of Troyes. She was in charge of some convalescent children for a walk, when they were assailed by a sheep-dog in the last stage of rabies. Seeing the danger she rushed between the infuriated creature and her charge. She was severely bitten, and the dog in its fury turned upon the children. The poor little things were too terrified to run away, but the true *sœur de charitè* threw herself on the mad beast, and for ten minutes rolled over with it, having thrust her fist into its mouth. Some peasants came at last, beat it off, and killed it The Sister received fifteen wounds on her hands, her arms were lacerated, and an important artery was wounded. Such skillful attention was bestowed that for a short time after her return to Paris there was hope of recovery; but in a few weeks the dreaded symptoms made their appearance, and the nurse, whose heroism had saved five children, died in agony.

Personal.

—Dr. Vanderbeck informs us that the success of the *Druggist and Chemist* has been such as to permit an enlargement of the journal at once. The February number will contain a number of additional pages of reading matter. An interesting feature will be an offer of a prize to the medical or pharmaceutical undergraduate who answers best certain questions asked.

—The daily *Times*, of this city, has the following: Dr. Mary Putnam-Jacobi, who received the Boylston medical prize at Cambridge—the judges being under the impression that they were giving it to a man—is honored by a reception in Boston. The Boylston prize was good enough in its way, but the Boston reception settles definitely her intellectual status.

—Dr. George T. Barker, a well-known dentist of this city, a professor in the Pennsylvania College of Dental Surgery, and formerly one of the editors of the *Dental Times*, died on Thursday, January 10th, aged 42 years. His death was caused by typhoid fever.

—Dr. C. W. Bernacki, of New York City, includes this journal in his printed list of those with which he is prepared to make advertising contracts. We distinctly state that we shall *not* receive any contract from or through him, and he is *not* authorized to receive subscriptions or transact any kind of business for us.

—Dr. T. D. Crothers has delivered, by request, several lectures before the Faculty and students of Yale College, on alcohol and the diseases which arise from it.

Items.

—The Georgia Legislature is considering a law prohibiting the selling of tobacco to minors.

—The life saving service shows a saving of 1451 lives during the year, and property worth $1,713,647.

—A correspondent of the *Daily News*, who left Erzeroum just before its investment, telegraphs that the town is now little better than a huge hospital. About a hundred soldiers die daily, and two or three are frozen to death every night. Typhus fever is raging.

—At the seventeenth annual meeting of the contributors to the Woman's Hospital, this city, held last week, Mrs. M. K. Williamson presiding, the resident physician's report showed that during the year 268 patients were treated in the hospital and 5836 in the dispensary and at their homes, and that 14,350 visits were made by patients to the dispensary.

QUERIES AND REPLIES.

Dr. C. M. M., of Ohio.—"Can any of your readers recommend a good prescription for quartan intermittent?"

Dr. J. W. H., of West Va.—"Would the nitrite of amyl be contraindicated in a case of inveterate headache following suspended epilepsy, neuritis descendens, and complete amaurosis?"

Reply.—We should think not.

MARRIAGES.

Adgate—Fisk.—In East Hardwick, on December 20th, Dr. L. W. Adgate, of East Hardwick, and Mary Fisk, of New Jersey.

Edgar—Miller.—On December 20th, 1877, at the residence of the bride's father, at Cross Roads, Pa., by Rev. J. M'Gaughey, Joseph D. Edgar, M.D., of Railroad, Pa., and Lizzie E. Miller, of Cross Roads, Pa.

Goldsborough—Winter.—On January 9th, 1878, in Christ Church, Easton, Maryland, by Rev. Robert Wilson, Dr. Charles B. Goldsborough, of the United States Marine Hospital Service, and Eleanora G., daughter of the late Rev. John Winter.

Moore—Trainer.—On December 31st, 1877, at the bride's home, in Strattanville, by Rev. O. A. Elliott, Dr. O. G. Moore, of Edenburg, and Miss Emma J. Trainer, of Strattanville, both of Clarion county, Pa.

DEATHS.

Barker.—In this city, on the 10th instant, Dr. George T. Barker, in the forty-third year of his age.

Guthrie.—At Washington, D. C., on Friday morning, December 28th, 1877, Dr. C. B. Guthrie, aged sixty-three years.

Johnson.—In Chester, Delaware county, on the 30th ult., Joseph H. Johnson, M.D., aged twenty-eight years, formerly of Bucks county.

Little.--In Concord, N. H., on December 31st, John W. Little, M.D., D.D.S., aged fifty-nine years, eight months and fourteen days.

Maxwell.—In this city, on the 9th instant, of typhoid pneumonia, J. Gordon Maxwell, M.D., in the thirty-eighth year of his age.

Williams.—In Ellicottville, New York, on December 7th, 1877, Dr. Thomas J. Williams, aged seventy-five years.

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DR. I. C. BARLOTT."

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1092.] PHILADELPHIA, FEB. 2, 1878. [VOL. XXXVIII.—No. 5.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

OBSERVATIONS ON PERFORATION OF THE MASTOID PROCESS, WITH A SUCCESSFUL CASE.

BY LAURENCE TURNBULL, M. D.,

Aural Surgeon to Jefferson Medical College Hospital, etc.

Having been impressed with the value of several facts in connection with this delicate and most important operation, I am induced to state them somewhat at length, as well as to give the details of a recent and almost typical case. The delicate nature of the operation of perforation of the mastoid no one acquainted with the rules laid down for its performance can deny, and especially evident is it to those who have made a particular study of the topography of the parts involved.

I have repeatedly demonstrated upon the cadaver, and in operating have always found the following fact to hold good, *i. e.*, if the perforation is made, as is usually directed in most of the works on diseases of the ears, viz, "on a line with the upper part of the auditory canal," you will, by penetrating deeply, enter the horizontal or sigmoid fossa, or sinus. Again, if a probe be thrust through such an opening, made in the cells, it is liable, even when slight force is employed, to fracture the thin lamina of bone, and enter the middle cerebral fossa.

Dr. Arthur Hartmann, of Berlin*, has fully confirmed my statements. In order to study this operation Dr. H. perforated the mastoid process of *one hundred* dead subjects, and subsequently, after removing the temporal bones, sawed them through in planes vertical to the external auditory canal. Although Dr. H. operated in front of the insertion of the concha, he twice entered the sigmoid, and three times the middle cerebral fossa; in the last case, because the drill was inserted too high, and directed too much upward. Speaking of the places mentioned by authors as guides, he draws attention to the fact that the course of the linea temporalis is very variable. The level of the linea temporalis is generally assumed as indicating the level of the fundus of the middle cerebral fossa. This is not always the case, as, in many instances, the level of the linea is found higher throughout its length than the fundus of the middle cerebral fossa. According to measurements taken in twenty specimens, the insertion of the concha is situated ten to eleven millimetres behind the superior spine of the meatus, the latter being considered an important guide in the performance of the operation in question.

This matter cannot be too carefully dwelt upon, and I attribute my success to having followed the important precept which I incorporated in my first publication, in 1862*, of "Three Cases of Mastoid Disease," viz., the knife, gouge, drill or trephine, should be inserted at an equal height with the opening of the auditory canal, but not at the upper edge, and the opening carried horizontally and a little forward, not upward. In this way all the vital parts are avoided, and we soon reach the large cells of the mastoid, in the after-treatment of which great care must be exercised in cleansing or probing, a process which must be gone through with once in every twelve hours.

---

* "Ueber die Perforation des Warzenfortsatzes." Dr. Arthur Hartmann, in Berlin, aus Langenbeck's Archiv. Bd. xxi, Heft. ii.

* THE MEDICAL AND SURGICAL REPORTER, vol. VII, February 15, 22, 1862, p. 463. See, also, "Clinical Manual of Diseases of the Ear," by L. Turnbull, M.D., published by J. B. Lippincott & Co., Philadelphia, p. 193.

Notwithstanding the danger due to the frequent anatomical deviations of the bone, the operation, where the indications are urgent, is to be highly recommended. Too much care, if we may be allowed to repeat, cannot be exercised, as illustrated in the death of Baron von Berger, physician to the king of Denmark, where the post-mortem examination revealed purulent meningitis, an almost rudimentary mastoid, and evidences that the trephine had entered the middle cerebral fossa and perforated the dura mater.* Another case was a patient of Dr. A. H. Buck, of New York City.† Here the skull was trephined about three-quarters of an inch behind the mastoid process, at the point of greatest tenderness. The removal of the inner button of bone exposed to view a tense, deep-red dura mater, but no pus, etc. Death followed on the third day.

I will now report a recent case which is peculiar, as illustrating that rare condition where, when the mastoid cells are reached, no pus is found, but instead, a reddish serous fluid, the removal of which affords complete relief.

W. H., aged forty-two, a merchant of Mahanoy City, Pa., consulted me in September, 1877, bringing a letter from his family physician, Dr. L. M. Thompson, and by the advice of Dr. C. T. Palmer, of Pottsville, Pa. Dr. T's letter stated, "patient has had a chronic suppurative inflammation of the left ear since childhood, the result of scarlet fever, accompanied with tinnitus of a distressing character, with intense pain over the temporal and mastoid region, extending also to the base of the brain. The pain, which is now almost constant, is accompanied with attacks of oppression and giddiness, particularly when the eyes are directed upward." While about his business, he would, when these attacks were coming on, by picking, or, rather, forcibly scraping or digging into the meatus as far and as deeply as possible, with a pencil, toothpick, pen holder or knitting needle, provoke a copious discharge of pus which afforded temporary relief. That during one of these efforts at relief, and while much interested in his newspaper, he probed, literally dug, too deeply, and an attack of convulsions, followed by a partial paralysis, was the result. Various methods of treatment had been pursued, but the symptoms remained unchanged.

Status præsens. Left auricle red and swollen, meatus externus eczematous, discharge thin and offensive, canal narrowed, membrana tympani and ossicles gone, promontory glistening, and in places sclerosed. No other details of middle ear to be made out, on account of swollen condition of mucous membrane and canal. Eustachian tube pervious. Hears loud voice, but not the watch, even on contact; pain on pressure over mastoid and against the sides of the canal. Right ear normal. No particular throat trouble; recommended, on his return, to use local depletion by leeches, followed by hot fomentations, also, large doses of bromide of potassium, chloral and morphia, with quinine.

These means afforded but temporary relief to the pain, even after using half-grain doses of morphia hypodermically, every little while, as well as successive relays of leeches. I then advised a free post-auricular incision (Wilde's) to be made through the integuments, down to the bone. This was most thoroughly done by his physician, who reported relief obtained for but a few days, after which time the symptoms returned as before. Finally, at the request of Dr. Thompson, the patient returned, to be under my immediate care, and was faithfully attended by myself and son for several weeks more.

Meanwhile, to be brief, the symptoms varied, at times better, then worse, and finally relapsed into the old condition. Our patient and his friends having grown impatient, I told them there was but one course to pursue; viz.: that of perforating the mastoid. The discharge had ceased, the painfulness and tinnitus had increased, giddiness and more or less delirium were constant, with loss of appetite and symptoms of a general break-down. So that, after due deliberation and the consideration of the just-mentioned grave symptoms, we decided, after consulting Drs. Thompson, Palmer, Collins, Schapringer, and others, to operate.

Mr. H. was admitted October 3d, 1877, as a private patient, to the Jefferson Medical College Hospital, and I operated in the presence of Drs. S. W. Gross, J. H. Brinton, Collins,

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* Schwartze and Eysell, Archiv für Ohrenheilkunde, 1873.

† Archives of Ophthalmology and Otology, Vol. III, No. 1, p. 200, W. Wood & Co., New York.

Allis, Worgman, Poichet, James and my son, C. S. Turnbull.

The post-auricular incision previously made had not entirely healed. This I enlarged, and with a strong knife extended upward, scraping as I went, and pushing the periosteum to either side. The bone was not found soft or abnormally rough. A drill was then applied at a point about a quarter of an inch distant from the auditory canal, and below the level of its upper rim, rotated inward and slightly forward. The drill was withdrawn and carefully cleansed at intervals, and but slight force used, on account of the danger of slipping suddenly into and breaking down the delicate cancellated cells of the mastoid. This care is necessary, on account of the varying depth of the cells, which is apparent, even on opposite sides of the same skull.

Upon reaching and opening the cells no pus, but a drachm or two of an aqueous and dark-red-colored fluid escaped. The wound was cleansed and sprayed with carbolized ether (kept up during operation as well), packed with greased lint, and the patient put to bed. No anodyne was required, as the patient was so thoroughly narcotized with the amount of ether which was used.

The after-treatment consisted in the regular administration of beef tea and a nourishing diet, while the use of alcoholic stimulants was avoided. The wound was dressed twice in the twenty-four hours, and after the third day a discharge commenced, which continued while the opening was kept plugged with a linen tent soaked in carbolized olive oil. The ear was thoroughly syringed every day. Our patient never seemed to rally, although he grew no worse, but at the end of the second week all hopes were checked by the appearance of an erysipelatous swelling in the neighborhood of the wound. This spread over the ear, cheek, and entire face, but stopped abruptly before reaching the ear on the opposite side. Repeated doses of the muriated tincture of iron, locally, with a good diet, and the untiring attention of Dr. Poichet, the resident physician, and nursing of a devoted wife, brought about a most favorable result. A rapid convalescence soon commenced, particularly after a copious discharge of pus from the ear and wound, and just one month after the operation, our patient left for his home, free from pain, mind quite clear, slight discharge from the ear, wound almost closed, and general condition rapidly improving.

Since that time he has been under the judicious care of Dr. Thompson, through whose courtesy I have received almost daily bulletins, and I regret that limited space prevents my giving further details of this most interesting case.

A recent letter from Dr. Thompson states, "Mr. H. has never, since the operation, had enough pain to require even a mild anodyne, and he requests me to state 'that he has now no desire to *dig* in his ear on account of any disagreeable feeling,' is able to see company, and took dinner with his family, Thanksgiving day, November 29th."

SURGICAL CASES.

BY J. M. JANES,

Of Marshall, Illinois.

Radical Cure of Femoral Hernia.

Mrs. Holler, aged forty-two, has been a subject, for a number of years, of double femoral hernia. The bowels would often come down, but she has always been able to replace them, until the morning of October 2d, 1877. She was attacked with pain in the stomach, and vomiting, and found upon examination the bowels down on the right side, and so strangulated that she could not replace them. Being in the country, on professional business, my colleague, Dr. Burner, was called in and used uch means as were necessary to relax the lady's muscles, and then made all the effort that was prudent, to replace the strangulated bowels, but failed. On my arrival, I was called in, being the family physician, and Dr. Burner kindly rendered his assistance through the case. I found Mrs. H. suffering greatly. When thoroughly relaxed we chloroformed her, and made every effort that was prudent to make, but failed to reduce the hernia. We used the warm fomentations, applied tobacco, gave cathartics and injections, and at the close of the second day we commenced the application of ice, stating to the patient, that if we failed by using every effort we could to reduce the hernia, by the next morning, the third day, we must surely operate for its reduction, to save her life.

On the morning of the 5th we found the tumor soft, and the gas could be pressed out with ease, and she contended that the bowe had gone back, that the tumor was as small as usual. The tumor was a small one, as is usual with femoral hernia. After a careful examination, we assured her that it had not, but that the bowel was yet constricted. She felt so sure that it had gone back, that she would not give her consent for an operation, unless her bowels did not move until the next morning. We very reluctantly submitted. She vomited occasionally during the day, and some time in the night she commenced vomiting fecal matter; then she became convinced that the hernia was not reduced, and consented to the operation.

Early on the morning of the 6th, being the fourth day of the stricture, together with Drs. Burner and Belt, we prepared for, and made the usual operation for, the reduction. When we opened the strictured sac we found a small knuckle of the ilium, strictured firmly. With the hernia knife we made a small nick in the upper margin of the constricted muscles. Then, with the handle gently inserted, we succeeded in dilating the ring, so that we could draw the bowel out some further; at the margin of the strictured part of the bowel, it looked as if it had been tied with a cord. That part outside of the stricture was very dark. We bathed it quite a while with tepid carbolized water, with a soft sponge, until we could notice blood begin to trickle in the constricted part. We then wiped it dry with a soft piece of old linen, and replaced it back into the abdomen.

Now for the operation for the radical cure. I will just say that I had tried this operation on animals several times, to test its merits. With them it succeeded, and I could not see why it would not be a success in man, if carefully done. We had prepared a clear piece of Italian catgut (fiddle string), which is nearly clear gelatine, by soaking it in warm carbolized water, and threaded in a curved needle, and inserted the needle through the sack, and into the muscle of the ring, pretty deep in the ring, bringing the point out so as to inclose about one-third of the circumference of the ring, and then inserted the point of the needle on the other side, opposite its exit on the first side, and carried the needle down into the muscle of that side of the ring, bringing the point out opposite the first entrance. Taking off the needle, we tied the ligature, drawing it pretty firm, but not so as to entirely strangulate the sack and muscle included, cut the ends of the ligature short, and then dressed the wound in the usual way, with a stick or two, strips of plaster, and a light compress, kept saturated with carbolized water.

Mrs. H.'s bowels moved freely in a few hours after the operation. Her recovery was excellent, and in two weeks' time she was able to go about her house, and in a few days more was able to go up town, shopping. In four weeks she took a trip on the cars to another part of the State, to visit her daughter. I had her wear a support until her return, and then to remove all support, and now she says she feels as sound on that side as ever, has lifted in all postures, and there is no feeling as though the bowel would come down again. I examined the place carefully, had her cough, lift and stoop, without any bad results, before I had the supports left off. I believe the cure to be radical. The operation is made with very little trouble, when you have to operate to reduce hernia. My theory was, that the serous membrane being so easily excited to throw out lymph, it would not take a very tight ligature to have the desired effect. That the lymph thrown out would soon vitalize enough to cause firm adhesion, and that the cat (or sheep, as it might be) gut, being so nearly pure gelatine, by the time the plastic exudation caused firm adhesions of the sides of the ring, it would be absorbed out of the way, and cause no irritation, which in this case proved true.

Removal of a Fibrous Tumor.

Miss Maggie Anderson, 14 years old, of fair complexion, light hair, and rather robust build, but of a somewhat scrofulous diathesis, and of phlegmatic temperament, applied to have a tumor removed from her neck. The tumor was about the size of a middling-sized lemon, and quite hard, but had not that stony feel that would indicate malignancy. She complained of its being sore and painful. On examination I felt pretty sure the soreness and pain was caused by the pressure the tumor was making upon the muscles, nerves and blood vessels of the neck. It was situated deep in the neck, under the angle of the inferior maxillary on the right side, and from its situation I felt it would be very unsafe to extirpate entire, and advised a trial of injecting the tumor with iodine. I used the treatment at four different times, one and two weeks apart. The object, first, was to create some inflammation, that might lift the tumor nearer the surface, so that an operation for its extirpation would be attended with less danger. The injections were a solution of the iodide of potassa, one drachm to the ounce of water, and about one drachm injected into the centre of the tumor each time. The tumor inflamed considerably each time, and the last time so much that by poulticing it suppurated for a week or so, pretty freely. From that time on the tumor seemed loose under the skin, and I let it alone, to see what it would do. It gradually decreased until it all disappeared, and Maggie's face and neck is now as smooth and natural as it ever was. When we commenced, the cervical lymphatic glands were all somewhat irritated, and a chain on each side, from the angle of the inferior maxillary to the clavicle, was very much enlarged; for this I gave her the constitutional treatment, first, of compound syrup of sarsaparilla, with iodide of potassa, for three weeks; then the sulphide of calcium, and Wyeth's dyalised iron, each three times a day, alternated, which relieved her entirely of all enlargement of the lymphatic glands, in five or six weeks. Her color is now ruddy, with a healthy look. I wish to state that I saw, in the Reporter, a treatment of a similar tumor to this one, started by the hypodermic treatment, and I looked closely for its outcome, but never saw it mentioned again.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINICAL SERVICE OF WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pennsylvania.

Specially Reported for the Medical and Surgical Reporter.

Hydro-Pneumothorax.

O'Reilly, aged 33. Family history non-phthisical. Patient is the only frail member of family. Has never had a bad cough. Was perfectly well until last February, when he had a fall on the ice, bruising his right side badly. Ever since then he has felt pain at the spot of injury upon taking a deep inspiration. From last April until now he has had a constant cough. His flesh failed considerably during the summer. There has been occasional sharp pain in his right side. Consequent upon some exposure his symptoms became suddenly worse. The cough grew more severe, he complained of great shortness of breath, and of a sharp pain in the left side. He was immediately thereupon admitted to the wards. Upon examination, I found his right chest well shaped; movement free and resonance good from top to bottom, in front and behind. There was also good respiratory murmur. Upon percussing the left chest, however, I found complete dullness in front and behind. Both respiratory murmur and vocal fremitus were absent. The heart was so pushed from its natural position that the apex beat was felt most distinctly at the site of the right nipple. There had evidently been a pleural effusion. The question then arose, was it simple pleurisy, or was there some specific cause for the effusion. The patient was put to bed and treated medicinally with digitalis, iodide of potassium and blisters over the seat of effusion. His diet was nourishing and sustaining, and cod-liver oil was administered in full doses; as a result of these measures the level of the effusion began to fall, until it had reached the line of the second interspace, and still further until it had reached the level of the fourth rib. This decrease in the quantity of the effusion made the prognosis appear very favorable. It seemed to be nothing but a case of simple pleurisy which tended to spontaneous recovery. But still the heart was pushed out of position. Just at this time, too, the effusion began to increase in amount, and all the ground gained was gradually lost again. A hollow, tympanitic resonance was developed at the left apex; no respiratory murmur could as yet be distinguished there, but in its place was heard distant amphoric resonance, with now and then a metallic tinkling sound. When the patient was quickly moved, I could hear a sudden metallic splashing sound. The serum of the effusion was evidently being replaced by gas, making the case one of hydro-pneumothorax. The lung was unable to expand when the effusion had fallen. There had been a perforation of the pleura, and air had escaped into the pleural sac. I was very much afraid that the effused serum might become puriform in character. The pulse was frequent, the temperature ran as high as 102°; there was distinct hectic fever, with a marked disposition to night-sweats.

It is impossible to say positively whether or not the effusion is purulent. The patient has greatly improved, and is able to walk about, but the effusion is again rising. The effusion may be consequent upon some underlying organic disease of the lungs. Among the common complications of phthisis is pleurisy. Unhealthy inflammatory action in the lung tissue may cause latent pleurisy. There may have been some inflammatory spot near the pleura, and as the serum fell an ulcerative perforation may have occurred. How was the pleurisy brought about? There may have been some softening of the substance of the lung at some point, which extended to the pleura, and excited pleurisy. This supposition is, I am inclined to think, very near the truth.

As regards treatment, what we do in such a case must be purely expectant. You will notice that I tried vigorously, at first, to get rid of the effusion, but that when I found that the pneumothorax was increasing I ceased the use of depletives. As there is evidently some organic disease of the lungs at the root of the trouble, we must try to cure that condition first. I never tap the chest in such a case as this. Drawing off the effusion would only create a huge pneumothorax, which in turn would excite further inflammation, and the first thing we knew we should have a chest full of pus. It is impossible to make the lung expand when compressed by a liquid effusion. This uniform compression, too, is the very best preventive of the slowly progressing organic disease, whatever it may be. I should not care to have the fluid disappear until the chest was ready to contract, and the lung to expand. So I shall not touch the effusion until it begins to interfere seriously with the heart, when I will remove a pint or so of it, by aspiration. We must direct our attention to the building up of the man's system. His hygiene must be carefully looked after; he must have good nourishing food and plenty of it, with iodide of potassium, iron, and cod-liver oil.

As I believe in honest dealing with patients, telling them the whole truth about their disease, I must say to this man that just now, while auscultating the back of his right chest, I heard some crackling râles directly over the spine of the right scapula, and therefore have reason to fear the existence of some spots of catarrhal phthisis in the right lower lobe.

Plastic Pleurisy

J. H., aged 28; shoemaker by trade. Six weeks ago suffered from sudden pain in left side, with violent dyspnœa, followed by cough, with abundant yellow mucous expectoration. The pain was of a lancinating character. There were copious night-sweats, but no hæmoptysis. Two months ago he was as well as ever. He knew of no particular cause for the attack. The pain began low down on the left side, and shot from there to the axilla and back. Seven years ago the man had gonorrhœa and syphilis, with secondary symptoms. He has not had any venereal disease since then. His family history is good and non-phthisical. His chest is well-shaped and both of the upper lobes expand naturally. The expansion of the right lower lobe is also fair; the left lower lobe does not expand at all. Upon percussion, the resonance of the right side is good behind and in front. The left chest in front, upon deep percussion, shows healthy resonance. At the base of the upper lobe, however, superficial percussion develops slight superficial impairment of resonance. Over the left chest posteriorly there is dullness, extending from the base to a level with the angle of the scapula, and from the spine to the posterior border of the axilla; from here round to the anterior border of the axilla there is superficial impairment of resonance. The apex beat of the heart is in the line of the left nipple. Upon auscultation, I find a good respiratory murmur upon the right side, with slight bronchial breathing toward the apex. The respiratory murmur is very weak all over the left chest anteriorly; there are no râles heard, except a few deep-seated crackling sounds. Posteriorly, there is no respiratory murmur whatever heard over the area of flatness. The heart's action is rapid and feeble; there is no valvular murmur to be heard, but I can distinguish a strong, brushing sound over the site of the pulmonary artery, and at the left side of the lower lobe of the left lung. This is due to the pressure of plastic exudation upon the pulmonary artery. The vocal fremitus and resonance are diminished all over the left side.

The man has fever in the afternoon, and the yellow expectoration is very abundant. There is very marked asthenia and emaciation. Is this a case of simple pleurisy, or is there some complication? There is no liquid effusion whatever, at present; nothing but a plastic exudation; six weeks ago there may have been an effusion, but there is certainly none to day. The heart is in its place, and the area of dullness is of an entirely characteristic shape. If there were a liquid effusion, free to move, we should have it maintaining a certain level. If there were any thickness to the effusion, we should find the respiratory murmur entirely muffled. There is not any circumscribed abscess, nor empyema. What really exists is a layer of lymph plastering over the lower part of the lung posteriorly.

How are we to explain the general feebleness of the patient? I should say that there had been a thickening of the pleura all over the surface of the left lung. I find evidence of this in the friction-sound over the site of the artery and in the other physical signs. There must be some organic disease at the root of this trouble. The patient is very sick, with high hectic, copious night-sweats, and purulent expectoration. He has lost a great deal of flesh. There might be some subacute pneumonia, or tuberculous affection complicating the plastic pleurisy. Plastic pleurisy is always dangerous. I think that the man's constitution is at fault, owing to a cachectic state of the system consequent upon the venereal poisoning. We cannot attach too much importance to the lasting effects of constitutional syphilis. It is daily striking at the roots of the vitality of the nation. The extent to which it prevails is truly enormous. It lays the seeds of all kinds of diseases, which are all but the local expression of the same constitutional vice.

I shall put this man upon a course of anti-syphilitic treatment—iodide of potassium with protiodide of mercury. Blisters must be applied locally, and cod-liver oil administered daily, in full doses.

Acute Tonsillitis.

Case 1.—The patient was a domestic in the house where three children were sick with diphtheria. Six days ago, while nursing one of the children, she was taken sick. As there appears to have been no direct contact her sickness probably arose spontaneously, and had nothing to do with the cases of diphtheria.

The attack began with soreness of the left side of the throat. The woman has not been able to swallow anything except water and milk. There was first a chill, then high fever. She came to the hospital on the third day of the attack with hot skin, frequent pulse, and marked swelling of the glands of the neck on the left side. The patient was only able to open her mouth with much effort. Upon examining her throat I found rounded lumps on each side; on the left the tonsil was so much swollen as to project beyond the median line.

The tonsils approach each other so closely that I cannot see between them. The glands are intensely red, and boggy to the touch. They are covered with patches of thick, tenacious mucous. There are, however, no diphtheritic membranes. Diphtheria, moreover, is rarely so suddenly developed with distinct chill and fever, nor is the pain usually so acute as in the present case. There is not such complete loss of the power of swallowing, nor such general swelling of the glands of the neck. The local appearance of the tonsils is different; they are not so much enlarged. In diphtheria there are distinct layers of pseudo-membrane.

This is plainly a case of quinsy, or simple angina. It is very curious why such furious symptoms should follow the inflammation of such a small and comparatively unimportant gland. The course of the disease in such cases as this one is generally uniform. The inflammation may possibly subside and leave the gland reddened, but it usually goes on to suppuration. Treatment will generally fail to cut short the progress of the attack. The abortive treatment is by counter irritation by iodine over the sub-maxillary region, and astringent washes to the tonsils, such as dilute Monsel's solution, or strong nitrate of silver (gr. lx–f.℥j), solution. Guaiacum, in the shape of a three-grain lozenge, may be given every three hours. (In follicular tonsillitis guaiacum is a specific, and will cure any case in 48 hours.) The following prescription will often be found useful.

℞ Quiniæ sulph.	gr. ij	
Tinc. ferri chloridi,	♏ xv	
Potassii chloridi,	gr. v	M.

Sig.—To be given every three hours, dissolved in syrup and water.

The patient must be put to rest in bed and kept on liquid diet. It is, of course, very hard to tell when suppuration is about to occur. There may be a little yellow spot visible on the most prominent part of the tonsil, and the first thing you know there will be a sudden gush of pus. If the enlargement of the gland be very great you may lance the gland at once. Do not lance, however, unless pus be formed. As soon as the suppuration ceases use astringent poultices for the neck. The symptoms generally subside immediately after the gush of pus, leaving the patient well, but exposed to a second attack.

Cases 2, 3.—In Case 2 you see there is a hole in the left tonsil where the pus has discharged. The patient is a sailor. His tonsils are still much enlarged, but there is no fever and no pain. The right tonsil is just ready to discharge. Phlegmonous tonsillitis is not so likely to be followed by chronic hypertrophy of the glands as follicular tonsillitis. In Case 3 the left gland has been lanced and the right is congested. This man is also a sailor.

Partial Mutism.

The mother of this child died of typhoid pneumonia in 1873. All the rest of the children except this one talk perfectly well. There was no trouble at the birth of this girl. She had measles when eighteen months old, and whooping cough when two years of age. She was not able to make any sounds whatever before she was two years old. She tries to read now, but cannot. She can count, however, up to twenty-four; can say *mother*, *father*, *I know;* and repeat all the letters of the alphabet except W. She can make plenty of noise when she chooses to, so that there is no loss of the sound-producing power; she is not tongue-tied. Her tonsils are greatly enlarged, but they do not interfere with her voice. There is no tumor on the vocal cords, and they move freely. The difficulty lies in the use of articulate speech. *She is able to talk much better than she does.* The mutism may be due either to a congenital defect, or to retarded development. I have seen this condition co-existing with very fully developed intellect. There is probably retarded development of the centre of speech in the brain in this child. Aphasia we usually connect with some defect or lesion of the anterior part of the left hemisphere, the left fissure of Silvius and the island of Reil.

In treating this condition, we must be guided (1) by the extent of the defect (here the defect is very marked), and (2) by the condition of the general health and intellect (here it is excellent). There is one form of mutism, where speech begins to develop and suddenly comes to a dead stop, and another, in which speech begins to develop late, but goes on developing. Of these two, the first is the more unfavorable condition. Here the prognosis is favorable. I should say that when she is fifteen this girl will speak quite well. She must be carefully taught to exercise the function of speech, and every effort must be employed to get her to practice phonation. There are no drugs needed, except, perhaps, the phosphatic salts. Where the mutism is complete and is accompanied by deafness, the patient cannot, of course, be taught to employ vocal sounds. In some cases mutism is only dependent upon deafness.

The Opium Habit.

Up to four years and three months ago, this woman was in vigorous health, when she became a severe sufferer from sciatica. The only thing that gave her relief from her pain was morphia, of which she finally became in the habit of taking six grains thrice daily. During this prolonged course of morphia her original trouble entirely disappeared. When she came to stop its use, however, every attempt to diminish the dose was followed by the most horrible distress, so that she found it impossible to give up the use of the drug, and became a confirmed opium-eater. This is just a type of the cases you will meet in practice. The quantity of opium which the system may be brought to bear is truly enormous. There was lately in my wards at the Philadelphia Hospital a young girl, who would take as much as a *pint of laudanum* in the course of twenty-four hours.

In the present instance there was culpable carelessness on the part of her attending physician. Be always very careful how you sanction the use of opiates in chronic cases. In an incurable disease opium may be very properly administered to produce euthanasia, but where the disease is curable it is your duty to be exceedingly careful. In this case the physician neglected that duty.

After reaching a certain point it is morally impossible to give up the use of opium by force of will. The craving for opium is much more soul-enthralling than that for strong drink. If the dose is postponed, such a sensation of depression and distress, such craving and longing come on, that the patient *will* have the morphia if he have to sell his soul to get it. The general functions of the body gradually become accustomed to the regular administration of the drug. The bowels, stomach and kidneys perform their functions regularly, so long as the habit is kept up.

This woman has been so long an opium-eater that she comes to us white, emaciated, and shattered in body and nerves. How are we to break up the habit? It is useless to appeal to the moral sense. We must endeavor to diminish the need of the system for the opium. Rest is the first item in the cure; keep the patient in bed. If the habit be only in its infancy, extensive travel, as a diversion for the mind, will often work wonders. See that such patients have ample nourishment. If there is a morbid irritation of the mucous membrane of the stomach, put them on an absolute diet of skimmed milk, beginning with a pint, up to two quarts, daily. All the while you will progressively diminish the amount of opium taken. If the conjoined milk and opium produce constipation you must try to overcome this condition by massage. Have the abdominal muscles well kneaded daily. Regular injections of cod-liver oil may be given in the morning, followed by cold-water injections at night; or you may give some vegetable laxative. Iron must be administered in large and ascending doses. Dyalised iron is an excellent chalybeate. It may be given in doses of from ten drops to one fluid drachm thrice daily. With the iron, quinia and strychnia may be combined.

This woman has been reduced to two grains of opium thrice daily, instead of six grains at the same interval. She is taking quinia and half a fluid drachm of dyalised iron four times daily. In the course of three more weeks the habit will be entirely broken up.

Dyspepsia.

P. Mc., forty-seven, laborer. Had malarial fever twenty years ago, with slight derangement of intellect. Has lately been in the habit of tending brick kilns for thirty-six hours at a time. Swells up after eating, feels drowsy and heavy, and belches wind. These spells come on at any time. His tongue is large and flabby, and its papillæ enlarged. Has taken no intoxicating drinks for last ten years, but smokes a great deal, and drinks three large bowls of coffee daily.

You will meet with a great many cases of this kind in your practice. There are very evidently two elements which we have to deal with in this case: 1, torpor of digestion; and, 2, very marked sympathetic nervous disturbances. The food may merely go through the stages of digestion slowly, or there may be a defective supply of gastric juice, or defective peristaltic action; the food ferments and gas is evolved. In other, or perhaps the same, cases there will be nervous disturbances. These are very marked in the present instance; the man has gastric vertigo, headache, and neuralgic pains. There is also great slowness of digestion.

This condition has evidently been brought about, in this instance, by the constant exhaustive attendance upon the brick kilns, and the man's excessive use of tobacco. Indeed, his symptoms are just those which we would expect to find in a case of chronic tobacco poisoning.

The patient must be put upon a very careful diet—two pints of skimmed milk, daily. He must also change his occupation, for the present, at least, and give up coffee and tobacco.

COOK COUNTY HOSPITAL, CHICAGO, ILL.

CLINIC OF J. P. ROSS, M.D., JANUARY 11TH, 1878,

Professor of Clinical Medicine, etc.

Reported for the MEDICAL AND SURGICAL REPORTER
by R. M. LACKEY, M. D.

Intercostal Neuralgia.

The first patient I bring before you to-day has been in the hospital on a previous occasion, and was treated for anæmia. She now returns complaining of severe pain on the left side of the sternum, embracing about four intercostal spaces in the axillary region and along the spine between the scapulæ. The location and character of this pain are characteristic of intercostal neuralgia. The pain is paroxysmal and severe. The cause of the disease in this case is, without doubt, anæmia; you see she is pale, the lips are white, the expression languid, showing impoverishment of the blood, disproportion of the red corpuscles. The treatment of these cases must be both local and constitutional. To bring the blood up to its normal standard, we will give, internally, iron in connection with bitter tonics; a good way is to give tincture of iron, and at the same time quinia and strychnia in pill form, or give some other preparation of iron in combination, in pill, with quinia and strychnia. I also have these patients use a large amount of common salt, together with plenty of plain nutritious food; beef, in form of steaks and roasts, or the extract. These patients also require good air, and exercise moderated according to the strength of the patient; always avoiding carrying it to the extent of fatigue or exhaustion. Locally, we use various applications to relieve pain, such, for instance, as belladonna, or the ordinary chloroform liniment. In addition to these we may be obliged to resort to anodynes, internally. The hypodermic injection of one-third or one-fourth of a grain of morphia will prove the most efficacious.

Acute Gastritis.

The man before you has had good health until within a few days, when he commenced having headache, was feverish and thirsty, and vomited everything taken into the stomach. Soon after he began to hiccough, and has continued it up to the present time, as you will observe. His bowels are somewhat constipated; tongue is red on the edges, and dry; does not sleep unless under the influence of anodynes; has pain and tenderness over the region of the stomach. He is somewhat jaundiced, as you see. The lungs are normal; skin moist. From this history and description, what is your diagnosis? Gastritis. It is seldom that so severe a case as this occurs, except from the effects of poison taken into the stomach. The jaundiced condition can be accounted for by the extension downward into the duodenum of the inflammation, its extending into the bile ducts, resulting in their occlusion, and the retention of the bile and its absorption into the system generally.

Treatment.—What are we to do in a case like this, where the patient cannot retain either medicine or nourishment? So far, we have applied counter-irritation over the seat of the disease, given ice into the stomach, and nourishment by enema, with occasional hypodermic injections of morphia. In addition to these, I will direct that a blister be applied over the stomach, and after the cuticle is raised, apply morphia to the denuded surface, in lieu of the hypodermic injections. We will also give him, by the stomach, alkalies, with milk in small quantities. The alkali which I prefer is the super-carbonate of soda; and it may be given in five-grain doses dissolved in the milk; or lime water with milk can be substituted, and only a teaspoonful at a time until the organ is able to bear a larger quantity at once. Some would advise, in such a case, to give calomel, but I prefer to get along without it, as it may only produce greater irritation, or ptyalism may result from its use.

Seven Cases of Phthisis.

I wish to say something on the subject of pulmonary consumption, and I present before you seven persons very similarly affected with this disease.

Case 1.—This young man, a year ago, began to have a slight cough, and had a hemorrhage from the lungs; at present he has, on the right side, some loss of motion, dullness at the apex of the right lung, on percussion, exaggeration of voice sounds, etc.

Case 2.—Has been sick nine months; has much the same history and is now in about the same condition. In this case, unlike the others, there is a family history showing hereditary tendency to the disease.

Case 3.—Sick three years; now much like Case 1.

Case 4.—Same, only has no hemorrhage.

Cases 5, 6, and 7, about the same as the others, except in this one, Case 7, there is on the left side an excavation.

All these cases, you perceive, have tubercular deposits in the lungs. This tendency to tuberculosis may be hereditary or acquired, or both; and the tendency is promoted by the same causes that produce anæmia; such as bad air, poor food, etc. In the treatment of this disease the question arises, should the removal of tubercular deposit be the sole object of treatment? The deposit already existing should not, in my estimation, be the objective in the treatment. Some doctors proceed upon the principle that the only thing to do is to get rid of the deposit already existing at the time of instituting curative means. And catering to the popular notions on this point, they apply some salve to the chest, which produces a copious crop of pustules, which the doctor tells them is the tubercular matter coming right from the lungs. Others claim to dissolve out the tubercles by inhaling medicines which the doctor claims will go directly to the diseased spot. This is a fallacy also. A young man just from college came to me for treatment a few years ago, for this disease, and after getting the opinion of several physicians he went to California for its climatic advantages. He went to San Francisco instead of to the interior, and got worse, and while there read the advertisement of a Doctor in New York, who used inhalations to dissolve tubercles. He immediately started for New York and began, on his arrival there, the inhalations. The violent breathing employed in using the inhalations brought on a severe hemorrhage. He then gave up the inhalations, lost faith in the doctors, and gave them up altogether; went to Kansas, bought a farm, has lived much out of doors, and is getting along quite well.

In the cases before you the tubercular deposit is not extensive and would not destroy life should it remain in statu quo. There is abundance of living tissue remaining to sustain health. What, then, is the object of treatment? It is to *prevent* further deposit. If we can so change the diathesis of our patients as to accomplish this they will get well. And how are we going to do it, is the momentous question? First, I would direct attention to the nutritive functions. There is generally attention demanded by the stomach; appetite is bad, and but little of the right kind of food is taken and digested properly. I give bitter tonics; quinine and strychnia are the best. When able to digest food, give good food, such as beef, eggs, milk, cream, and in addition to these, cod-liver oil. It should be given at first in small doses, not over half a teaspoonful, and gradually increased as the stomach learns to tolerate, and the system to appropriate, it. I like best the Norwegian cod-liver oil; it is the sweetest and best. It may be given in bitter infusions, or with a little whisky; if there is much anæmia, I would give iron.

In regard to climate, my notion is that any climate which allows the consumptive to get out of doors and live in the open air is beneficial. Colorado, California, Florida and Minnesota are recommended, and they may all do good where the disease is not too far advanced, and the patient leads an out-door life.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

This society, which was organized in the year 1849, has recently been incorporated. On January 16th the annual meeting was held, at which the following-named gentlemen were elected officers for the ensuing year.

President—Dr. Henry H. Smith.

Vice Presidents—Drs. J. S. Cohen and G. B. Dunmire.

Treasurer—Dr. W. M. Welsh.

Corresponding Secretary—Dr. Wm. Goodell.

Recording Secretary—Dr. Henry Leaman.

Assistant Secretary—Dr. J. D. Nash.

Reporting Secretary—Dr. Frank Woodbury.

Censors—Dr. N. L. Hatfield for 5 years; Dr. L. K. Baldwin, 4 years; Dr. A. G. B. Hinkle, 3 years; Dr. J. G. Stetler, 2 years; Dr. H. St Clair Ash, 1 year.

Committee on Meteorology and Epidemics—Drs. Joseph G. Richardson, W. M. Welsh, R A. Cleemann, F. J. Buck, and R. Burns.

Committee on Gynecology—Drs. A. H. Smith, J. C. Morris, W. T. Taylor, C. R. Pratt, and J. A. McFerran.

Committee on Microscopy—Drs. C. B. Nancrede, James Tyson, A. Fricke, E. O. Shakspeare, and James Collins.

Committee of Publication—Drs. W. B. Atkinson. R. J. Dunglison, and Frank Woodbury.

The president, who was elected for a second term of office, made the following remarks:—

I thank you, gentlemen, for the great and unusual compliment just paid me, in re-election as your presiding officer. Called to the performance of the duties of the chair a twelvemonth since, I accepted it with a deep sense of my unfitness for its duties, owing to a want of experience in them. I have, however, made every effort to maintain the confidence reposed in me, by a thorough study, and I hope just performance, of the labors and responsibilities of the office. That my service has proved satisfactory, causes me an unalloyed sense of pleasure, and I trust to be able to prove my appreciation of the additional honor just conferred on me, by increased devotion to the great objects and interests of the Society, *which*, as our charter so justly says, "is the advancement of knowledge upon all subjects connected with the healing art." Very much of the usefulness of the Society depends, however, upon others than its presiding officer. The advancement of knowledge comes from the papers read and the discussions thereon, introduced by the members, and these have followed on the persistent efforts of the Business Committee (hereafter to be very properly called our "Directors"), to induce members to present them. Without the devotion of time and talents by the members in the presentation of papers all the efforts of the officers would have yielded comparatively little to that great fund of information which we can so well estimate at the close of the year.

During the year 1877 nineteen papers, including reports of the Committee on Hygiene, and their active exertions for the ensuing year, leave us no evening unprovided for, notwithstanding we have added two more months to our conversational meetings.

To our Treasurer, as well as our Secretaries, much credit is due for continuous labor in the interests of the Society; a labor that few know, but a labor of love that can only be correctly appreciated by those who are cognizant of the internal machinery through which the wheels of our Society have run so smoothly.

A year since I asked of you to second the efforts of your officers to make the Society useful, by punctuality, and especially regularity o attendance, and we see the fruit of this response in the increased size of our meetings.

I thank you for the generous consideration given to the chair in his efforts to observe all parliamentary rules—rules whose sole object is the preservation of order and decorum, and the protection of the rights of each one in legislation or debate. "Justice, equality and fraternity" is a motto that, if observed, will tend to keep all satisfied, even when the decision of the chair may appear for the moment to bear a little hard on some favorite plan or individua judgment of propriety. Whenever such decisions appear to be incorrect, remember that the chair is but the personation of the Society, and that it is in the power of the Society to correct the errors of his judgment by an appea from the decision of the chair, which, if sustained, establishes a rule that every presiding officer will be glad to fall back on. But I trus it will be remembered that this Society ha higher aims than merely legislation for th profession, and that it adopts parliamentary law solely for the maintenance of that orde and dignity of action that should characteriz the proceedings of a body of highly cultivated and educated physicians, a class of men whose lives are devoted not to selfish ends, but to doing good on every occasion demanding the exercise of benevolence and charity (I use the word in its widest sense) toward their fellow men.

In the past year we can recall in this connection, the efforts of the society to ameliorate the condition of the insane poor, as well as to restrain the vice and immorality of the so-called rich. Let our next year inaugurate other useful movements, not only to the public, through our able Committee on Hygiene, but also to ourselves. Let a committee be instructed to commence the formation of a nucleus for a library, if only by obtaining a book-case, in which each member can place at least one volume, if not more. Let each one donate something, and then, when death translates, as it has done one of our prominent members, we shall not be unprepared for the reception of such a monument to his memory as he and perhaps others would have greatly desired.

The society should also participate actively in obtaining legal protection for its members in all communications from their patients to their professional advisers, except in the case of crime. Here the duty of the citizen takes precedence of that of the physician, and no citizen is justified in aiding the concealment of crime. I especially urge this matter on the future consideration of the Society, because such a case has compelled a member to call upon your president for counsel, in a very peculiar instance, where personal interest in the criminal and professional duty were antagonistic.

The establishment of a fund for the support or assistance of the orphans of physicians who need it, not only pecuniarily, but by counsel in life, and the establishment of an annuity fund, like that in existence for impoverished merchants, would be very desirable. These and similar utilitarian measures are worthy of your consideration, while not neglecting the claims of science and the progress of medicine, and I trust they may, in time, yield appropriate fruit. Again I thank you for the honor conferred upon me by your recent vote.

The papers read were as follows.—

January 10th. Dr. Goodell; "Radical Treatment of Uterine Cancer."

January 24th. Dr. Drysdale; "Chlorate of Potash in Croup."

February 14th. Dr. A. H. Smith; "Retarded Dilatation of the Os Uteri."

February 28th. Dr. Allis; "Mechanism of the Hip-joint."

March 14th. Dr. Hamilton; "Venous Congestion as a Pathological Condition, and Venesection in Relation to that Condition."

March 28th. Dr. S. W. Gross; "Sexual Debility, etc., Resulting from Stricture," etc.

April 11th. Dr. A. H. Smith; "Apparent Rigidity of Os Uteri in Labor."

April 25th. Dr. William T. Taylor; "Changing Vertex from Occipito-posterior to Occipito-anterior Position."

September 25th. "Report of Committee on Hygiene."

October 24th. Dr. S. W. Gross; "Spinal Abscess."

October 24th. Dr. Henry H. Smith; "Remarks on Bonton's Fracture."

November 14th. Dr. J. A. McFerran; "Element Wanting in Construction of Forceps." Dr. Welsh showed the "Advantages of Fumigating Powder in Asthma."

November 28th. Dr. J. C. Morris; "Diphtheria and Inflammatory Croup."

December 12th. Dr. W. Bennett's paper on the "Seashore Home."

December 26th. Dr. Benjamin Lee; "Health Lift."

Two papers, by title, were referred to the State Medical Society, by Drs. Goodell and Keyser, and published in the Transactions.

These papers were all presented through the efforts of the Directors.

EDITORIAL DEPARTMENT.

PERISCOPE.

Suggestions for the Treatment of Sleeplessness.

The following suggestions are taken from an article by Dr. W. A. Hollis, in the *Practitioner*:—

One of the most efficient means of inducing natural sleep is by the application of mustard poultices to the abdomen. In cases where sleeplessness arises from natural worry, abdominal flatus, or other annoyances, this remedy is invaluable. Schüler states that large sinapisms applied in this way produce first dilatation and subsequently contraction of the vessels of the pia-mater in trephined animals. They may thus act as do pediluvia and warm compresses to the abdomen, by diminishing the amount of blood in the brain. The same writer says that cold abdominal compresses and the cold-pack produce at first dilatation of these vessels, and subsequently bring about an energetic contraction of the cerebral vessels, which lasts for some hours.

Where the insomnia depends upon brain exhaustion, I have found that the administration of a tumbler full of hot claret and water, to which has been added sugar and nutmeg, is of great value. Both the syrup and the spice, in this instance, are hypnotics, according to Preyer and Cullen. The mixture must be taken just before bedtime. In slight cases of wakefulness (as we all know) the reiteration of certain word sounds mentally, at the same time drawing a slow and deep inspiration between each word, is occasionally sufficient to produce sleep.

When sleeplessness is associated with acid dyspepsia, the alkalies and alkaline earths, especially the carbonate of magnesia and bicarbonate of soda, are very useful. In cases where the indigestion is owing to a sluggish peristalsis of the stomach and upper intestines, a full dose of Gregory's powder, or ten grains of the compound rhubarb pill, will remove the disagreeable epigastric sensation and induce sleep.

The posture of the sleeper is of some importance. Many persons can sleep in their armchairs by the fireside, who court the fickle god of sleep in vain when lying upon their beds, some few hours later. The posture of the dozer and the surroundings of such a fireside nap sufficiently account for his somnolence on physiological grounds. When sleeplessness results from an over-worked brain and consequent paresis of the vaso-motor nerves, the stimulus of electricity has been resorted to. Althaus recommends this treatment. Two large pads are used with a Weiss' constant battery of from ten to fifteen cells. One pad is placed over the nape of the neck, the other, which can be conveniently made of an old reflector, and covered with chamois leather, is placed over the stomach. The anode is applied to the back, the cathode to the stomach, for about half an hour at a time.

In the wakefulness arising from defective cardiac power, on the other hand, it frequently happens that digitalis, by strengthening the force of the heart's beats, drives the blood into the capillary system more vigorously, and relieves the congestion of the central organs and the anæmia of the extremities. By thus equalizing the circulation, we diminish the necessity that previously existed for an increased flow of blood through the cerebral vessels, and so we promote sleep.

By many therapeutists the bromides of potassium, sodium, ammonium, and camphor are supposed to possess hypnotic properties, but my own experience with these drugs is not confirmatory of such conclusions. These salts undoubtedly act as sedatives on the nervous system, and as such may occasionally induce sleep, but they cannot, I think, be ranked as true "sleep producers."

Management of Corneal Ulceration.

The following directions are given in the St. Louis *Medical and Surgical Journal*, by Dr. Hardesty:—

The first indication is to limit the ulceration and to relieve the pain. By reducing the vascularity we diminish the secretion of the aqueous fluid, and thereby relieve the intraocular pressure. I universally use a strong solution of neutral sulphate of atropia, three or four grains to the ounce of distilled water, and where a slight stimulation is necessary, I add two or three grains of sulphate of alumina, which is not insoluble in chloride of sodium. I order this lotion to be dropped into the eye every three or four hours, and in the interim, apply a piece of court plaster, to keep the lids at rest. All pressure on the eyeball should be avoided, and no bandages applied. Febrile excitement should be met by the usual means. In the most obstinate cases I have found the warm bath, taken daily, most efficacious; and where there is a strumous diathesis, I order the following:—

℞.	Ferri sulphatis,	gr.cxxviij
	Potassii iod.,	gr.xcvj
	Syrupi,	℥iv.

Dissolve the ferri sulphate and potassium in separate parts of the syrup, and mix.

Sig.—One teaspoonful three times a day, to an adult.

Where there is persistent sloughings, or a tendency to perforate the deep cornea lamina, I at once make paracentesis corneæ, and draw off a portion of aqueous fluid. I use a broad needle, or a Beer's cuneiform cataract knife, and allow a few drops of the aqueous fluid to discharge, and, if necessary, in twenty four or thirty-six hours I repeat the operation, always making my incision in a sound part of the cornea, and immediately close the eyelids with plaster. This operation removes the intraocular pressure, and promotes a more healthy circulation in the corneal tissue. I have had more satisfactory results from drawing off the aqueous fluid than from stimulating applications to the ulcerated surfaces.

Poisoning by Agaricus Bulbosus.

In a report on a fresh communication from Dr. Oré, to the Academy of Medicine of Paris, relative to poisoning by agaricus bulbosus, M. Gubler returned to the difference existing between strychnia and the principle of agaricus. M. Oré believed in their identity, and based his belief on 1, the similarity of the symptoms; 2, the identity of the lesions; 3, the identical behavior of acetic tincture of agaricus and solution of strychnia in the presence of charcoal powder. But, in the first place, many agents which are totally dissimilar in their effects on living organisms, such as strychnia and aconitine, would be wrongly confounded in the same genus, if their behavior with powdered charcoal were only considered. As regards the symptoms, strychnia does not produce any of the abdominal symptoms observed in poisoning by agaricus, not even in subacute cases. Finally, the anatomical lesions are far from being equivalent. Thus, after poisoning by mushrooms, the intestine shows ecchymoses, inflamed, softened, and ulcerated patches, such as are never met with in cases of strychnia poisoning. In the second part of his communication, M. Oré brought out the antagonism of chloral and strychnia; and also endeavored to prove that chloral, if it be introduced into the veins at the proper time, in sufficient doses, repeated often enough, may overcome the effects of strychnine.

Treatment of Dyspepsia.

The following is the treatment adopted at the Demilt Dispensary, New York, as described by Dr. D. Lewis, in the New York *Medical Journal*:—

When there is constipation, we have found the rhubarb and soda mixture most useful—

℞.	Pulv. rhei.,	ʒj	
	Sodæ bicarb.,	ʒiss	
	Ol. menth. vir.,	gtts.iv	
	Aquæ,	℥iv.	M.

Sig.—A tablespoonful before meals.

This alkaline mixture probably owes its efficacy to its stimulating action upon the gastric glands—a property of alkalies which has been amply demonstrated by many experimenters. When an additional laxative was necessary, a compound rhubarb pill was ordered at bedtime, or, what is preferable in many cases, the pill of aloes, belladonna, and strychnia—

℞.	Ext. aloes,		grs.ijss	
	Ext. belladonnæ,			
	Ext. nucis vom.,	āā	gr.¼.	M.

Sig.—One at bedtime.

In contrast with the above case are those patients who are anæmic, and complain of the symptoms common to that condition—loss of appetite, palpitation of the heart, intercostal neuralgia and headache. In some instances this condition is a natural sequence of prolonged dyspepsia, but is more commonly dependent upon other causes, such as bad hygiene, overwork, or malarial influences. Tonic treatment is here indicated, and the following prescription is usually effective:—

℞.	Quiniæ sulph.,	gr.xij	
	Tr. ferri chloridi,	ʒiijss	
	Aquæ,	℥iv.	M.

Sig.—A teaspoonful in a wineglass of cold water, half an hour after meals.

An aloes and belladonna pill is occasionally required at bedtime.

Plasters have been often prescribed for intercostal neuralgia in these cases. Notwithstanding the prejudice against their use, experience here has proved them to be a valuable adjuvant in the treatment.

The belladonna-plaster (4x6) is the one most frequently ordered, and next in order the capsicum-plaster (same size), as now kept by druggists. A pitch-plaster, with chloral hydrate sprinkled over its surface, was tried in several cases, but proved inferior to either of the others.

When there was irritability of the stomach (probably gastritis), with nausea and vomiting, a bismuth mixture was often ordered—

℞.	Bismuth, subnit.,	ʒiv	
	Acid. nitric. dil.,	ʒiij	
	Tr. nucis vom.,	ʒjss	
	Aq. menth. pip.,	℥iv.	M.

Sig.—A teaspoonful after meals. Shake well before using.

Since it has been pretty clearly demonstrated that bismuth acts mechanically by adhering to the mucous coat of the stomach, it is evident that a large dose should be administered. But the *very large* doses given by Lusanne, Menneret, and others (who gave ℥j per diem), no doubt hinder the excretion of gastric juice, thereby causing the cachectic symptoms which those observers found to follow its prolonged use.

A Simple Plan of Emptying the Pleural Cavity.

Simplicity, says the London *Medical Times and Gazette*, is a merit even in surgery, and hence the method of evacuating pleuritic effusions recommended by Dr. Girgensohn of Riga (*Berlin. Klin. Woch.*, No. 48, 1877), deserves notice. He taps the chest with an ordinary canula and trocar, withdraws the latter, and slips over the end of the canula a caoutchouc tube, three to six feet long, and of a suitable diameter, closed at the lower end with a clip or a small stopcock, and filled with a 1 to 2 per cent. solution of carbolic acid. The tap is then opened under the surface of a solution of carbolic acid in a large vessel placed at a lower level than the opening in the chest, so that the tube is converted into a siphon. A serous effusion of six to eight pounds' weight can be in this way evacuated in a quarter of an hour. If the stream stops from any cause, the tube can be alternately compressed and allowed to expand, so as to exert a pumping action on the fluid higher up. Where it is absolutely essential to prevent air entering the chest, Girgensohn recommends the trocar to be passed through the wall of the caoutchouc tube, into the upper end of which the canula is tied; the tube is then filled with carbolic solution from a funnel inserted into the raised lower end, so as to completely expel all air. The trocar is inserted with the canula into the chest, and withdrawn gradually until the necessary communication between the chest and the tube is established, and then completely withdrawn, and the tube slipped forward over the canula and tied, so as to close any opening left by the trocar. The fluid is then drawn off, siphon-fashion, as before. The author claims for his method the advantages of simplicity, of avoiding the continued presence of a sharp instrument in the chest during the operation; of being uniform in its action and easily regulated; and, lastly, of permitting the whole apparatus used to be cleansed and kept in order without the slightest trouble.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Vick's Illustrated Catalogue and Floral Guide, as also his Illustrated Monthly, are full of information, pretty pictures and pleasant reading. Mr. Vick is a veteran editor, as well as an accomplished horticulturist, and we may be sure will make his *Monthly* more than worth the moderate price he asks for it, $1.25 per year. Published by James Vick, Rochester, New York.

——Dr. V. P. Gibney sends us a pamphlet on "Spinal Irritation in Children, as Related to True and False Arthropathies." We are glad to see he retains the name "spinal irritation," which, we agree with him, is decidedly preferable to any of the dozen or more substitutes offered by modern scientific nomenclature. He emphasizes the intimate relation between neuroses and true and simulated joint disease. The article is well written throughout, and upon a topic of very great moment.

BOOK NOTICES.

The Half-Yearly Compendium of Medical Science. Part XXI. January, 1878. Published by D. G. Brinton, 115 South Seventh street, Phila. Price $2.50 per year.

The present number of the *Half-Yearly Compendium* contains a total of about two hundred articles, drawn about one-third from American authors, and two-thirds from those of foreign countries. As usual, they are distributed over the whole field of medicine. The most recent researches in physiology are given from the pens of Professor Schiff, Dr. Pavy, Jules Guérin, and others. The pathology of pneumonia and phthisis is explained according to the late researches of Friedlander, Graucher, and Williams. Toxicology is quite fully represented, while in the department of therapeutics we find discussions of coca, gelsemia, salicylic acid, chrysophanic acid, hyoscyamine, the double cyanide of potassium and zinc, and other "new remedies." State medicine is moderately well filled, while Clinical medicine counts a large number of articles. Diseases of the respiratory organs and of the brain and nervous system receive especial attention. The section on Obstetrics and diseases of women and children embraces a variety of interesting contributions. The different departments of Surgery occupy about seventy pages. A number of illustrations are scattered through the volume.

Readers of the REPORTER will find everything in the *Compendium* fresh to them, as it is part of the plan of the publisher never to repeat in the one what appears in the other periodical. The one publication is thus the complement of the other, and taken together they cannot fail to keep the reader thoroughly acquainted with every new scientific fact and important discussion bearing on medicine.

The Science and Art of Surgery, being a Treatise on Surgical Injuries, Diseases and Operations. By John Eric Erichsen, F.R.S., F.R.C.S., etc. From the seventh English edition. Illustrated with 862 engravings on wood. Philadelphia, H. C. Lea, 1878. 2 vols.

Of the many treatises on surgery which it has been our task to study or our pleasure to read, there is none which in all points has satisfied us so well as the classic treatise of Erichsen. His polished, clear style, his freedom from prejudice and hobbies, his unsurpassed grasp of his subject and vast clinical experience, qualify him admirably to write a model text-book. When we wish, at the least cost of time, to learn the most of a topic in surgery, we turn, by preference, to his work.

It is a pleasure, therefore, to see that the appreciation of it is general, and has led to the appearance of another edition. The author himself has given it the benefit of a revision since the publication of the latest English edition, and dedicates it, in a few well chosen words, "to the Surgical Profession of the United States of America."

The additions to the work are considerable in extent and important in character. Besides the descriptions of new operations and apparatus, special attention has been paid to Surgical Hygiene, in the chapters on operations, wounds, and septic disease. One hundred and fifty new illustrations have been added, many drawn from nature. Much obsolete matter has been omitted from former editions and replaced with newer teachings. As to a general description of the work, it is rendered unnecessary by the familiarity of the profession with former editions.

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In all cases the remittance for the new subscriber must cover one full year's subscription.

MENTAL AND NERVOUS DISEASE AS A LEGACY.

The questions of heredity, inheritance, atavism and the like, are coming more and more to the front, as containing in themselves the solutions of some of the most serious social problems of the day. Their study has changed the whole aspect of crime; we can no longer look upon it as, in all, or even in many (some say in any) instances as a deliberate desire of evil, or as an inspiration of a wicked spirit. It is a defect of inheritance, a tendency to faulty brain nutrition, which prevents the youth from pursuing the path of rectitude. Nor does it follow that his parents, one or both, need to have been perverse beyond the ordinary, that he should prove so himself. Just the contrary has been shown by Professor Laycock, in his interesting articles on the organic basis of memory.

If a couple marry, each of whom is excessively scrupulous, over-conscientious in their life and action, it is probable that one or more of their children will exhibit a decided deficiency in the moral sense. This is readily explained by the excessive strain on that portion of the brain concerned with ethical ideas, leading to defective nutrition, and this, by inheritance, to atrophy or non-development in the child. Certain common proverbs relating to "ministers' sons and deacons' daughters" thus find their scientific basis.

One of the more valuable contributions to heredity, recently published, may be found in the last volume of Guy's Hospital *Reports*. It is by Dr. Savage, and is on the relation of mental disease to inheritance. "Some readers," he remarks, "may consider I have attributed too much to inheritance; to these I would say, that the more carefully I study nervous disorders, the more I am struck by the quantity of transmitted disease, and, I had almost said, the rarity of well-investigated cases without a neurotic history." He is, however, almost in agreement with Dr. Maudsley, in his skepticism as to the statistics of heredity in insanity, and in his conviction that they are untrustworthy. It has been stated, by French observers, that the nervous and mental parts are rarely inherited from the same parent as the shape of the figure and head; but this is not supported by Dr. Savage's observations.

Out of a total of 1072 patients examined, 375 had one or more insane relations. He gives the following table:—

	MALE.	FEMALE.
Patients having an insane father,	31	34
“ “ “ “ mother,	21	63
“ “ insane grandparents,	17	30
“ “ “ brothers,	25	41
“ “ “ sisters,	28	55
“ “ “ uncles,	22	31
“ “ “ aunts,	26	41
“ “ “ cousins,	14	20
“ other blood relations insane,	1	3
“ other several “ “	46	77

(Some patients appear under several heads.)

It is seen that the insanity of the father passes pretty equally to sons and daughters, but the mother's insanity is specially dangerous to daughters. The number of females having insane sisters is very large; thus confirming the statement that the female sex has a specially great tendency to receive the taint from parents. More insane patients have insane mothers than insane fathers. In the begetting of insane children, each parent has about an equal share of passing on an insane taint; but the offspring, being dependent on the mother when growing and being nourished in the womb, has a greater chance of receiving physical and mental peculiarities from this parent.

Dr. Savage has been struck by several cases in which both phthisis and insanity were in the families, and has seen some persons live to become insane, while others maintained their reason, but sank, from phthisis. Of 277 males and 401 females admitted into Bethlem during the three years 1874-76, 91 males and 155 females had a history of insanity in blood-relations; and, of these, 19 males, or 20.9 per cent., and 32 females, or 20.6 per cent., had, in addition, lost blood relations from phthisis in some form or other. Subjoined is a table of patients with neurotic inheritance admitted in the last five years.

	FEMALE.	MALE.
Mania	97	52
Melancholia	101	69
Dementia	10	6
Delusional insanity	24	5
General paralysis	0	11

Of 207 cases of puerperal insanity examined by Dr. Savage, 65 had a family taint, 22 deriving it from the male side, and 37 from the female side; its origin in six being unknown.

With regard to the relationship of epilepsy to insanity, seventeen cases are collected, of insanity which have epileptic blood relations, and out of which ten have other relatives insane. Most of the cases were subject to maniacal attacks, only two suffering from melancholia; which is noteworthy, as mania may mask epilepsy, as in "épilepsie larvée." As regards drink, the love of it in the parent has a great tendency to reappear in the children. Drunkenness in the parent may be followed by epilepsy in the children.

Dr. Savage gives many interesting cases and tables illustrating the hereditary transmission of a tendency to commit suicide. With regard to general paralysis, he believes that a fair number of those afflicted with this disease have some tendency to a neurosis; that, in fact, "they are bound to die by their nervous systems," and that hence they may transmit a slight taint; but in many more cases general paralysis has nothing to do with insane inheritance. "It is a disease of the active and over-energetic." Finally, as regards genius, Dr. Savage holds that the genius of insanity is more related to the imagination than to any other of our mental functions, especially the artistic and musical talents. He looks, moreover, upon precocity as the quality most allied to insanity, and believes in the truth of the old proverb, "A man at five, a fool at fifteen."

NOTES AND COMMENTS.

Bills for 1878.

In the last and present numbers we have enclosed bills to all subscribers who have not yet paid. We shall feel grateful for prompt attention to these accounts. They are singly for small sums, but any general delay would hamper us exceedingly. Nevertheless, we are always willing to postpone individual accounts when asked to do so. Should any subscriber in arrears not receive a bill, he should send a card to us to that effect.

The Odors of Persons.

A curious contribution to neurology is contained in an article by Dr. William A. Hammond, reprinted from the *Transactions* of the American Neurological Association. It is descriptive of the peculiar odors given off by the human body in certain conditions and affections of the nervous system. Thus he tells of a young married lady, of hysterical tendencies, who, during her paroxysms, exhaled an odor of violets, which must have in some measure reconciled her husband to these unpleasant domestic occurrences. Another lady, the doctor reports on strong testimony, "during the venereal excitement, gives off a very decided rosaceous odor." But the peculiarity is not always thus charming. A young lady, a school-teacher, subject to sick headaches, evolves at these periods, *horribile dictu*, "an odor similar to that of Limburger cheese!" Then there is the "odor of sanctity," which Dr. Hammond also touches upon, and which he does *not* identify necessarily with the agreeable ones. His study is of the most curious.

The Excision of Chancres

Has at times been advocated in place of cauterization. In the *Archiv. für Dermatologie und Syphilis*, 1877, Dr. Auspitz reports his results in thirty-three cases. In four, the result could not be observed; in two, constitutional syphilitic symptoms were present at the date of the excision, and the disease followed its usual course; and in four the result is still doubtful. Of the remaining twenty-three persons, nine were nevertheless affected subsequently by syphilis, but in fourteen cases, within a sufficiently long period of observation after the excision, no syphilitic symptoms had developed, and in these the excision may be held to have preserved the individuals from constitutional disease. Induration of the inguinal glands did not interfere with the success of the measure. The author believes that, if the excision had been practiced at an earlier stage, the proportion of successful cases would have been larger. Those cases in which the wound healed without fresh induration remained, as a rule, free from syphilis. The author infers from the results that neither the primary induration nor indolent swelling of the inguinal glands is a proof of general infection of the organism.

Affections of the Climacteric Period.

Professor Krafft-Ebing says, in a recent article in the *Zeitschrift für Psychiatrie*, that a woman's mind is influenced in three distinct ways by the climacteric. 1. It is natural that at the time of cessation of her sexual functions, all the circumstances of her past life, whether they have been happy or otherwise, should be brought vividly before her, and form the subject of continual reflection; not unfrequently, especially if adult life have been unsuccessful or unhappy, the result of these broodings is painful mental depression, or worse. 2. The changed and often pathological general sensations which accompany the climacteric process of involution often lead to hypochondriacal troubles, the fear of severe bodily disease, such as cancer, etc. The patient's nervousness is also increased by the knowledge that the climacteric is generally admitted to be a period critical to life and health. 3. The psychic functions are directly influenced by the functional and organic physical changes which take place in the body at the time of the climacteric, and which vary from the slightest physiological disturbances to the most severe pathological changes. These three modes of origin of psychic disturbance have all the more power if the central nervous system be already overworked, or perform its functions abnormally.

Manilla Paper Splints.

Among the many substances urged on the profession as of use in making splints, the very practical suggestion of Dr. R. O. Cowling, of Louisville, published in the *American Practitioner*, January, 1871, should not be forgotten. This was the employment of manilla paper. This substance is convenient and cheap; when starched, is both firm and elastic; its surface is smooth, and the splint is light and cleanly. Fenestræ of any size may be cut in it easily, and will retain their shape for months. Dr. Cowling would do well to republish his article on the subject.

Salicin in Rheumatism.

Dr. F. Scherer, of Pa., sends us the following:—

Last February I was taken down with a severe attack of inflammatory rheumatism. By the use of the old-fashioned remedies I was able to be out of bed in about ten days. In order to complete the cure I thought I would give salicin a trial. I took ten grains four times a day, and in about five days I had a relapse severer than the first attack, and that, too, while taking forty grains of the medicine per day. I resorted to the old-fashioned remedies, and was thoroughly cured. This satisfied me of the inertness of salicin in rheumatism, and I have not used it since.

The Liquefaction of Gases.

It is announced that the successful liquefaction of oxygen, which was effected at Geneva a month ago, by M. Raoul Pictet, has been almost immediately followed by the liquefaction of hydrogen and nitrogen gas and of common atmospheric air. This, it is said, was effected by M. Cailletet, in the presence of three members of the Institute of France, on the last day of 1877. Thus, no gas remains which cannot be condensed into the liquid state under an adequate pressure and with sufficient arrangements for the lowering of the temperature.

CORRESPONDENCE.

On the Use of Calcium Chloride in the Treatment of Phthisis, Tabes Mesenterica, Chronic Diarrhœa, etc.

ED. MED. AND SURG. REPORTER :—

Attention has recently been called to the use of calcium chloride in certain forms of disease, but especially to its use in tabes mesenterica. The remedy was formerly much used, but had fallen into disuse. As it is now again on trial in this country and in Europe, perhaps the notes of a few cases in which it has been used may not be uninteresting, especially as these cases seem to warrant an extended trial of its virtues.

E. M., a girl of thirteen years, a strumous subject, has been suffering for two years with chronic diarrhœa and tumid abdomen; both lungs are tuberculous, the apices being largely involved; she was reduced to almost the last degree of emaciation. Has been under the usual treatment of cod-liver oil, tincture of bark, syrup of the iodide of iron, with milk diet, etc. She was not able to leave the bed.

After taking the calcium chloride the diarrhœa stopped, and there was a decided improvement, so much so that in the course of two weeks she was able to walk to the dispensary, a distance of six blocks.

In a number of phthisis pulmonalis cases, both in and out of the hospital, the remedy has appeared to act beneficially, and in several cases the patients have asked for the remedy after it had been discontinued.

In a case of typhoid fever, under Dr. J. S. Cohen's charge, after other remedies had failed the calcium chloride relieved the diarrhœa at once.

In some of the chronic and acute diarrhœas of children it has appeared to me to be very salutary in its effects, and I shall be glad to hear the results of more extended trials in this direction.

The cheapness and innoxious character of the drug also recommend it, especially in dispensary practice; the solution is best given in thirty-drop doses, in milk, for an adult. For children it may substitute the stereotyped aqua calcis and milk, or it may be given in emulsion with cod-liver oil.

It is not claimed that calcium chloride has any remarkably specific action, but, from the limited experience I have had, I judge that it owes its virtues to its salutary effect upon the assimilative functions of the alimentary canal, and to this is attributable its beneficial action in somewhat dissimilar diseases.

It is also well known that tubercle undergoes calcareous degeneration, and that this change in the deposit is favorable, and, in fact, that convalescence in tubercular subjects is sometimes effected by this metamorphosis. Is it possible that by supplying the calcium we encourage this mode of recovery? The close chemical relation with sodium chloride gives the idea of its easy assimilation and general use.

A. H. MELLERSH, M.D.,
Resident Physician, German Hospital, of Phila.

Mineral Water in Diabetes Mellitus.

ED. MED. AND SURG. REPORTER :—

In a recent number of the MEDICAL AND SURGICAL REPORTER (January 19th, 1878), the recovery of a case of diabetes mellitus is reported by Dr. Schuyler, of Troy, N. Y., which recovery he stated was brought about by the use of the *Bethesda* mineral water, of Waukesha, Wisconsin. I have a similar case to report, of a patient who attributes his complete recovery to the same agency, and I share the patient's belief. I will be as brief as possible in reporting it.

Mr. S., a teamster by occupation, thirty-five years of age, and six feet one inch in height, consulted me in relation to his health, about the first of September last. He had been ailing for two months previous, had become so feeble and emaciated, that he was unable to work, and the "weakness," as he expressed it, of his legs was so great that it was with difficulty he could walk; he had lost in weight about thirty-five pounds, was tormented with intolerable thirst, and was passing enormous quantities of urine, having to rise nearly every hour during the night to void it; tongue red and skin dry and harsh.

Suspecting it to be a case of diabetes mellitus, which the usual tests and analysis confirmed, as did several subsequent tests, I put him on the recognized diet and medical treatment for that malady. He called at my office once or twice a week during the month of September, showing very little improvement. After that time he failed to call, and I lost sight of him for several weeks, when one day I accidentally met him driving his wagon. Asking him in relation to his health he replied, "I am as well as ever," and said to me, "Do you know what cured me?" I suggested, of course, my treatment. "No," said he, "a friend of mine told me to drink Bethesda water, and from the time I commenced to use it I got better."

At this date, January 21, 1878, he is in good health and engaged at his occupation, weighs one hundred and ninety-three pounds, says he has no thirst and no desire to void urine oftener than in health.

During the time he was drinking the mineral water, six weeks or two months, he took no medicine, but omitted bread and potatoes from his diet. He drank about fifteen gallons of the water altogether.

Like Dr. Schuyler, I do not write to advertise this mineral water, but to state to the profession a fact. THOS. W. SHAW, M.D.

Pittsburgh, Pa.

The Criminal Use of Chloroform.

ED. MED. AND SURG. REPORTER:—

The following quotation, from "Pereira's Materia Medica," under the head of *Spirit of Nitric Ether*, appears to me to throw some light on the mooted question of the burglarious use of chloroform: "A druggist's maid-servant was found one morning dead in her bed, and death had evidently arisen from the air of her apartment having been accidentally loaded with the vapor of this liquid from the breaking of a three-gallon jar of it. She was found lying on her side, with her arms folded on her chest, the countenance and posture composed, and the whole appearance of a person in deep sleep." It is evident, in this case, that she hadn't moved a muscle during the whole stage of anæsthesia. *Vide loc.*, p. 349, 2d American edition.

E. L. DRAKE, M.D.

Fayetteville, Tenn., Jan. 15th, 1878.

NEWS AND MISCELLANY.

Recent Pharmaceutical Preparations.

LACTO-PEPTINE.

Our readers may remember that last winter we published the experience of several physicians quite favorable to the above named preparation (vol. xxxvi, p. 245). Since then we have employed it in several cases of obstinate dyspepsia, and have been gratified, even surprised, at the very excellent results obtained in the great majority of cases. We think it decidedly superior to any form of pepsin, "pure and simple," we have yet exhibited.

PARVULES.

This is the name given by Messrs. William R. Warner & Co., Philadelphia, to a new class of preparations manufactured by that firm for the administration of medicines in minute doses to children, and for frequent repetition in cases of adults. The idea is an excellent one, and we do not doubt will achieve much popularity. The firm furnishes pocket cases containing twenty varieties for the use of country practitioners.

A Mountain Sanitarium.

The nearest approach to a desirable mountain climate for phthisical patients in the United States is probably found on the elevated tablelands of the southern Apalachians. At Asheville, N. C., Dr. W. Gleitsmann has a Sanitarium, at an elevation of 2250 feet above sea level, in the midst of a picturesque and healthy country, and where patients can be provided with a generous diet and other comforts. His Biennial Report, which we have received, is the most scientific and satisfactory we have ever read from an American health resort. We recommend physicians intending to send patients South to correspond with him.

The Orthopædic Hospital.

Last week the annual meeting of the contributors to the Philadelphia Orthopædic Hospital and Infirmary for Nervous Diseases was held, and the tenth annual report was presented by the managers. From it we learn that 602 cases of deformity and 1066 cases of nervous disease have been treated at the institution during the year, with most satisfactory results. By the most rigid economy in every department the managers have been able to keep all the wards full during the entire year.

Russian Hospitals and Asylums.

A writer in the *Pall Mall Gazette* gives an amusing and probably correct account of Russian charities. He says the Foundling Hospital at Moscow, which covers as much ground as a village, contains 1700 wet-nurses and two thousand babies. Fifty children are admitted daily, on mere presentation at the gate, no questions being asked. After having been washed, dressed, and ticketed, each child is consigned to a nurse, and remains in the hospital from three to six months, after which it is boarded out, its foster-mother receiving 8s. a month for five years. At the expiration of this time the board is reduced, and the nurse must contract to keep the child for one rouble a month till it shall be able to earn its own living; or else the little creature is transferred to an industrial school. The boys are trained as soldiers or mechanics, the girls as domestic servants; and the number of these young people whom the Foundling annually supports exceeds 30,000.

There is something grandiose in this charity, and although the mortality in the hospital is very large, owing to bad ventilation and unskillful medical attendance, all the show part of its arrangement is very striking. Unfortunately, this famous foundling refuge has corrupted all the villages around Moscow. Peasant girls who have forgotten to get married send their babies to this institution, then offer themselves in person as wet-nurses. Having tattooed their offspring, each mother contrives to find her own, and takes charge of it by private arrangement with the nurse to whom it has been assigned. As babies are so much alike the authorities cannot detect these interchanges, and do not attempt to do so. In due time the mother returns to her village with her own baby, whose board will be paid for by the State at the rate of 8 shillings a month, as above said; and possibly next year and the year after she will begin the same over again. Thus a fine premium is placed on immorality and fraud.

The present Czar founded a big refuge at St. Petersburg, for workmen who had become disabled by accident. But the refuge was organized on such a luxurious plan, that idle workmen began to injure themselves on purpose to obtain admittance to it. The place was full of maligners, who by their constant drunkenness frightened away genuine sufferers who wanted rest. One day all the inmates were turned out together, with a few roubles apiece to help them to set up elsewhere; and then the place became a lunatic asylum; but in a very quick time most of its old residents were back again, having pretended to have become mad. There were sham melancholics, alcoholics, but chiefly epileptics, because a rogue who feigns fits is not suspected, owing to the mere fact that he is rational at ordinary times. The doctors tried to counteract the sham epilepsy by vigorous douches and doses of bromide of potassium, and sometimes they tried what galvanic shocks would do with a hardened offender. But a mujick will stand a good deal of doctoring for the sake of getting free quarters throughout the winter. To this day the asylum gets crowded with pseudo-lunatics whenever there is a slack season in trade, and the authorities have discovered that it is best to let the abuse flourish, seeing that a patient who is accused of shamming instantly howls and gives trouble, to prove that he is really afflicted.

Personal.

—Dr. L. Turnbull, whose interesting article commences this number, has in press a work on Anæsthetics, which we are sure will prove a valuable contribution to that branch of science.

—Dr. Samuel C. Ely, a physician, and son of the late Rev. Dr. Ezra Stiles Ely, who was for a long time pastor of the Third Presbyterian Church, died January 13th, aged sixty-one years.

—Recent cable dispatches announce the death of two eminent French chemists, Henri Victor Regnault and Antoine Cesar Becquerel. The latter had reached the ripe age of ninety years.

—Dr. D. R. Gardner, of Woodbury, had his left arm fractured near the socket, by being thrown from his carriage, owing to the running away of his horse, one day last week.

—Dr. Edgar Janvier, who died in this city, December 26th, was the fourth son of the late Rev. George W. Janvier, for many years pastor of the Presbyterian Church of Pitt's Grove, New Jersey. In the death of Dr. Janvier, society, the church, and the medical profession have lost a bright ornament, while to his own family the loss is irreparable.

Items.

—Dr. E. M. Snow writes us to say that his prediction we quoted (p. 59, current vol.) had a purely local reference, and was not meant as a prediction of a general fact.

QUERIES AND REPLIES.

Dr. J. P. T., of Kansas, asks for the most approved formula for administering salicylic acid.

Dr. W. N. B. inquires for an analysis of the nostrum sold as "constitution water," manufactured by a Dr. Gregg, of Brooklyn.

Dr. J. R. E., of Pa., inquires as to the propriety of a physician applying by letter to persons, in order to obtain them as patients. It is unquestionably quite derogatory to professional dignity to do so.

OBITUARY.

DR. E. D. PEASLEE, L.L.D.

This eminent gynecologist died of pneumonia, in New York city, January 21st. He was born at Newton, N. H., in 1814. His diploma was received from the Medical Department of Yale College in 1840. For a time he was Professor of Anatomy and Physiology in Dartmouth College, of Surgery in Bowdoin College, and of Obstetrics in the New York Medical College. His principal fame was as an ovariotomist, and the work he wrote on that subject has achieved a wide and deserved reputation. He contributed freely to various medical journals, and also wrote on topics of general culture. The last twenty years of his life were passed in New York city, where he enjoyed a large and lucrative practice. His success in ovariotomy was remarkable, and his skill as an operator always impressed the observer favorably. As a lecturer he was impressive and instructive, although a naturally feeble voice rendered him, in this respect, less prominent than he otherwise would have been.

MARRIAGES.

WALTON—MITCHELL.—On January 1st, 1878, Chas. E. Walton, M.D., and Jeannette G. Mitchell, of St. Cloud, Minnesota.

WHINNERY—KUHN.—On Thursday afternoon, November 29th, 1877, at the residence of the bride's parents, by Rev. H. B. Fry, J. Carroll Whinnery, D.D.S., and Miss Alice, daughter of J. M. Kuhn, M.D., all of Salem, Ohio.

DEATHS.

CHAPIN.—In Brattleboro, on January 7th, Dr. Charles Chapin, aged seventy-five years.

LAUBACH.—On the 14th instant, William H. Laubach, M.D., aged fifty-one years.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de lère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1867. 1868. 1872. 1873, VIENNA.

Prize Medal. Silver Medal. Gold Medal. Medal of Merit.

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE, as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris.* without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say :—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine.*
F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health,
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MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE RESPONSIBILITY OF THE PROFESSION IN THE PRODUCTION OF OPIUM INEBRIETY.

Read before the American Association for the Cure of Inebriates,

BY J. B. MATTISON, M.D.,
Of Parish Hall, Brooklyn, N. Y.

MR. PRESIDENT, GENTLEMEN—In accepting the invitation tendered me, to present a paper at this meeting, I have thought it might not be undesirable to direct attention to one phase of a certain topic which I have before presented to the profession—New York *Medical Record*, January 29th and December 9th, 1876—and therefore beg leave to offer briefly some remarks on "the responsibility of the profession in the produation of opium inebriety."

That opium is largely used; and that its use during the last two or three decades has increased far in advance of its direct therapeutical need, are facts which no one rightly informed will question. That its habitual consumption will give rise, in a large proportion of cases, to a disease having symptoms as marked and specific as many others coming under professional cognizance, is another fact indisputable; and that this addition to our nosology has failed of receiving from the profession that attention it most deservedly demands, is as true as it is regretable.

Passing at once to the main point involved in this paper, what is the chief factor in the ætiology of opium inebriety? Is it a matter of choice, its victims indulging in it for any transient happiness it may furnish; any seeming oblivion it may give to disturbing emotions; any intellectual stimulation it may occasion; or, is it that, once ordered on professional authority, and continued a time indefinite, it causes such changes, mental and physical, as to engender a constant demand for its taking, and thus gives over its users to a servitude most deplorable? Diversity of opinion exists on this point, though the vast preponderance of testimony favors the statement that, in a large majority of instances, it is involuntary; that patients unaware and unwarned of its ensnaring property, continue it, unsuspectingly, until the morbid condition becomes established. Dr. Parrish says, "men take it, not for social enjoyment, but for a physical necessity." Dr. Van Deusen remarks: "For the primary induction of the habit, the stated physician is so commonly responsible, that the onus probandi in exculpation rests upon him, by all fair presumption. A late German writer asserts: "The original causes of this diseased condition, and of its extension, are the doctors themselves, who have accustomed patients to resort to the use of injections for the relief of painful affections of more or less short duration." Another foreign authority, after detailing several cases of this disease coming under his care, all having their inception in an opiate prescription, observes: "This leads me to say that I think there are many cases of chronic disease, or disease in which sleeplessness is a prominent symptom, in which opium is frequently prescribed without any thought of this danger supervening, and which has led me to believe and practice that it is advisable not to give opium continuously for any length of time in these cases, unless in painful and incurable diseases, as cancers, etc., especially if the patient is of a nervous temperament. There is no doubt that pain or sleeplessness would more frequently have to be endured, but other remedies might be substituted which would, in part, though not entirely, take its place. And, if we consider that it would save some, more, perhaps, than many are aware of, from contracting such a habit, I think that at least it would be advisable to consider this danger and bear it in mind when we are called upon to treat such cases and believe opium to be indicated—a danger which most readers well know, from their own experience, not to be a fanciful one." After referring to the strictures sometimes passed regarding the medicinal employment of alcoholic stimulants, he continues: "But it is otherwise with those I have mentioned, who have not known the potency of this drug, at least personally, until it was professionally administered, and who, in all likelihood, would not have known it unless so ordered. And this is generally the rule. I think that the majority of habitual opium eaters have, in the first instance, acquired the taste for it after having been ordered it by a medical man; and in view of this danger, I venture to say that this ought to be borne in mind when we administer opium in these cases, lest we might be the innocent cause of setting the spark to the fire that may only be extinguished with life." My personal knowledge, embracing the history of quite a number of instances, is fully confirmatory of these opinions, and I hazard little in expressing a belief that eighty per cent. of the cases of opium inebriety in this country may be traced more or less directly to opiate prescriptions. This assertion may seem somewhat extravagant, but I challenge proof to the contrary.

Now, the question naturally arises, why so large a degree of professional responsibility? The answer is to be found in the fact of our being a people peculiarly susceptible to the seductive influence of this drug, by virtue of our strongly-marked nervous temperament; the extensive prevalency of neurotic disorders, very largely of hereditary transmission, thus presenting the most favorable field for reaping a generous harvest of those ills of body and mind which follow habitual indulgence; and in the other great fact, that practitioners have been too lavish in the expenditure of opiates for the relief of pain, insomnia and general nervous disturbance, without first fully informing themselves, by careful inquiry, respecting previous history, on all points likely to conduce to a full knowledge of the risks incurred by a somewhat prolonged administration. Again, I believe a large share of causative influence may be found in the neglect of proper care on the part of physicians to see to it, thoroughly, when the strict therapeutical necessity for the use of opium has been fulfilled, that then patients utterly abandon it. I am unhesitatingly of opinion that a want of careful attention to this point has led to the full development of the disease in very many cases where otherwise it might have been throttled on the very threshold of its existence. This especial feature as to prophylaxis assuredly demands the most serious consideration.

But while insisting that the fraternity has a responsibility on this point which it is useless to try to evade, I am free to admit that an auxiliary factor of great importance is to be found in the absolute freedom from anything like requisite restriction in the sale of opium and its preparations. Nothing prevents an apothecary from refilling an opiate prescription as often as it may be presented; nothing restrains him or any other from supplying whatever demand may be created for opium. This is radically wrong, and with proper limitations should be prohibited. Many cases of opium addiction would unquestionably never pass beyond a mere inception, were it not possible for those in whom the seeds of the disease have been planted to procure further supplies, and by thus continuing to "sow the wind" "reap a whirlwind" of misery, mental and physical, which it is difficult fully to conceive.

Without desiring to enter upon any discussion as to the comparative liability of various opiate preparations to beget inebriety, I wish to call attention to one phase of this question which has excited no little comment, and certainly merits consideration. I refer to the use of the hypodermic syringe. That the subcutaneous administration of morphia has contributed incalculably to the alleviation of human suffering cannot be doubted; but it has been asserted that increased facility for continued indulgence is thus afforded, with largely augmented liability of establishing disease. I have been informed that a prominent member of this association entertains this opinion, and condemns its use, claiming far greater danger of inebriety, than if morphia be given per orem. He contends that the unpleasant gastric effects and cerebral disturbance which it so often occasions when administered per via naturale constitute a decided obstacle to its protracted employment, whereas the trifling pain of the puncture, the freedom from disagreeable sequelæ just cited, and the, to many, enjoyable tranquillity of mind and body it produces, prove almost irresistible temptations to its continuance. How far this opinion is correct I cannot say, but it may safely be asserted that, from the extensive prevalency of this form of medication, many cases will be found of this character, and that the number will constantly increase, especially if the pernicious practice—which I am impelled to believe is quite extensively indulged in—of patients being professionally advised to purchase a syringe and personally employ it—be continued.

An interesting paper on "Opium Inebriety, and the Hypodermic Syringe," by Dr. McFarland, of Oxford, New York, read at the last meeting of the New York State Medical Society, pointed out the danger of this course, and advised strongly its discontinuance.

Having thus directed attention to a state of affairs largely existing, what is the remedy for the resultant evils?

First. A diminished prescribing of opiates, a lessened idea that they are the sine qua non, and the substitution of various anodynes, soporifics, and nervines, which, though they may somewhat imperfectly accomplish the object, as compared with opium, are free from that peculiar property which so often entails dire results.

Secondly. In all cases where their use seems indicated, careful inquiry by the attending physician, as to the neurotic status of the patient, from the standpoint of hereditary tendency, by thorough investigation of ancestral mortuary records, and a study of individual temperament, with the object of ascertaining the vulnerability of each case to the exceptionally ensnaring power of opium.

Thirdly. In every case, as limited an employment of opium, and as frequent using of substitutes, as circumstances will admit, interrupting an administration at short intervals, if possible, and thus lessening the chances of habituation.

Fourthly. Patients under the necessity of using opiates should be kept under careful and frequent observation, and immediately the direct need for their use has subsided the attending physician should exercise fully his authority in compelling a peremptory abandonment. Pre-eminently so is this with the hypodermic syringe, and under no circumstances, except the case of painfully incurable disease—and even then it would be better to entrust its use to a friend—should a patient be permitted self-administration. Personal employment is fraught with danger, patients almost invariably using it to excess, and the practice of allowing it cannot be too severely condemned, or its discontinuance too strenuously insisted on. More, medical attendants should deem it thei duty to follow closely the course of patients fo some time after opium has been abandoned, lest, from some pretext, its use be resumed clandestinely, and inebriety become established. More than one striking case of this kind, in which it was employed hypodermically, has fallen under my observation.

Careful observance of these precautions would, unquestionably, reduce largely toward a minimum the ills resulting from the indiscreet employment of opium, and I trust the time is not far distant when this Society will deem it advisable to express a sentiment in accordance therewith, confident that, could it make itself heard and heeded, a vast amount of harm might be avoided.

Nor can I allow this opportunity to pass without asking whether the time has not already arrived when it is the duty of this association to direct attention to the indiscriminate sale of opiates, and take measures looking to its restriction? Certain it is that, despite every professional precaution which may be observed, an avenue for continued indulgence is now open, which individual as well as public interests demands should be closed. Certain it is that, so long as no safeguard is afforded those in whom the earliest indications of this abnormal appetency are aroused, so long will we have constant accessions to the ranks, already surprisingly large, of opium habitues.

I am firmly of opinion that legislative enactment, prohibiting the refilling an opiate prescription, or the dispensing of opium in any form, without a positive order from the attending or other physician, would accomplish an immense amount of good, by protecting those who, otherwise, might become the pitiable possessors of an appetite making havoc alike of body and mind.

A precedent has been given us. During the past year our German brethren, with a far-reaching wisdom which will bear good fruit in the future, have secured restrictive legislation in this direction, and the good example thus presented we should make no delay in emulating. I commend this subject to the earnest consideration of this association. As the pioneer in every movement having at heart the protection of individuals and society against the ravages of inebriating agents, an ample field is here afforded for the exercise of those wise counsels and beneficent works so potent for good in the past, and so pregnant with weal for the future. The prevention of disease ranks higher than its cure, and in the entire realm of prophylactic medicine I know of few better opportunities for brilliant achievements than this.

THE PREVENTION AND TREATMENT OF DIPHTHERIA.

BY EDWIN M. GLOTFELTY, M.D.,
Of Accident, Md.

I do not presume to offer to the readers of the Reporter anything new or of interest concerning the history, causation, or pathology of this disease. I take it for granted that elaborate papers on the subject are not wanting in the libraries of the profession, aside from the most excellent articles to be found in treatises on diseases of children. What few observations I have to offer are the result of a practical acquaintance with the disease in question, including about all its forms and complications. And this experience has very much strengthened me in the opinion which I have always held, that much can be done by the physician to prevent the spread of this, as well as similar diseases, by careful attention to the sanitary conditions surrounding the sick, and a little careful instruction of the well in matters pertaining to their physical health and well-being.

It appears to me that, in the presence of the disease in question, it is the duty and legitimate business of the physician to inspect every portion of the premises, and to insist upon the removal or abatement of every possible source of infection. The sick room itself should have most careful attention, if nothing more. We would insist upon the removal of carpets, and the floor to be kept clean, with as little use of water as possible, and that to be slightly impregnated with carbolic acid. We would inculcate the use of flannel next the skin, the feet to be kept dry and warm, and the digestive systems of the well invigorated by mild cathartics—good in practice, however old in theory. Interdict the use of sweetmeats or pastry, which I believe invariably do harm, by vitiating a healthy appetite for substantial food. To do this, and whatever more the circumstances may suggest, is our bounden duty, the neglect of which is the neglect of a most potent factor in the treatment of the disease itself. Above all, when possible, secure the aid of an industrious, attentive nurse, whose especial recommendation is cleanliness, and you have the battle half won. That the malignancy of this and kindred diseases could be mitigated to a very great extent by a more careful attention to the sanitary surrounding of our village and country homes, is a self-evident proposition to physicians who have an opportunity to observe the average condition of such places.

As regards the treatment of diphtheria, it resolves itself into, beside the preventive, the constitutional and local in connection with the preventive treatment, a slight intimation of which we have given. We are undoubtedly justified in using such remedies as the sulphites—more particularly the sulpho-carbolate and carbolate of soda, so highly recommended by Dr. Beebe, of Chicago, and others. The local treatment, with me, has become simply a matter of routine, because, so far, it has proved the best. Turpentine, as freely as the skin will bear, to the neck, externally, and kept well covered with flannel, and a wash or gargle, composed as follows:—

℞.	Carbolic acid	ʒss
	Tinct. myrrh.	f.ʒj
	Glycerine	ʒij
	Aq. rosar.	f.℥iv M.

Use this mixture ad. lib., diluted or increased in strength if deemed necessary. Then nut galls in moderately thin paste, to be used as an application to the throat inside, and followed immediately with a liberal application of powdered gum arabic. This simple remedy, gum acacia, fulfills so many indications with me that to be without it in my armamentarium medicum would be as great a deprivation as doing without carbolic acid in my armamentarium surgicum. How or why it should do good, I shall not stop to discuss. I simply understand that it is of undoubted efficacy, and I make a point of never neglecting it in a case of diphtheria.

Last—let it not be imagined that I consider it the least—the constitutional treatment embraces not only medicines as we understand them, but all those accessories to support the strength familiar to old physicians as of value in treating asthenic disorders. Here we have a disease which, above all others, requires, in the absence of specific remedies, a most energetic supporting treatment. If practical observation has taught me anything at all, it has taught me that to keep my patients eating is to have them recover; food frequently administered from the very first intimation of the disease; do not let the stomach remain long empty, and, as a consequence, become nauseated. Milk, eggs, wine, soup, and every available article of substantial diet, should be brought to bear against this insidious enemy of our little ones. Chlorate of potash, in solution, pure and simple, unencumbered with anything whatever, has been my mainstay. I give it when I can give anything at all, and, in my humble opinion, it fulfills the indications in the absence, so far, of the specific medicine elect.

HOSPITAL REPORTS.

A VISIT TO SOME OF THE PHILADELPHIA CLINICS.

*BY C. C. VANDERBECK, M.D., PH.D.

(Editor of the *Philadelphia Druggist and Chemist.*)

CLINIC OF R. J. LEVIS, M.D., PENNSYLVANIA HOSPITAL.

Aneurism of the Transverse Portion of the Arch of the Aorta.

This tumor is most prominent between the second and third ribs, to the left of the sternum. A portion of the bone has been absorbed. The size of the aneurism will not exceed that of a hen's egg.

Diagnosis.—We arrive at the above diagnosis by remembering the fact that an aneurism of either the ascending or descending portion of the arch would not, in all probability, bulge so far forward as in this case. The position of the heart and large vessels was marked out by the lecturer, making it evident that the aneurism really occupies the position claimed. This patient has some of the inconveniences which nearly every one has who is affected with an aneurism in this situation—irritation of the throat, due to the pressure of the tumor upon the recurrent laryngeal nerve. If the sympathetic were pressed upon, the pupil on that side would be dilated. This tumor, moreover, pulsates, is soft and elastic, and free from pain, and there is no discoloration of the integument. Prognosis as to cure is unfavorable. Two years is a long time for a person to live suffering with this trouble.

Treatment.—Very little can be done for such a case, but he will be kept at rest, thus keeping down the action of the heart. The latest internal treatment is the use of large doses of iodide of potassium, say from one to three drachms daily. He has had no experience in this plan of treatment.

P. S.—A few days later the man died. The diagnosis was confirmed by the post-mortem. The aneurism was about as large as a man's fist, and filled with coagula. Death was caused by gangrene of the left lung, brought on by pressure upon the left pneumogastric nerve. The right lung, except a deposit of coal dust at the apex, was found to be normal.

Compound Fracture of Tibia and Fibula.

This man is brought before the class to show how simply fracture of the leg can be treated. The accident was caused by a kick from a horse. The only support is a pillow for the limb to rest upon, while the sides are supported by the fracture box, a pad of okra being placed under the heel. The limb is elevated by a very simple apparatus, which is used altogether in this hospital. A light framework is erected, which arches over the lower part of the bed; by means of a string, a small piece of board containing three holes is let down from the frame and suspended over the limb. The string from the fracture box is passed through the lower hole in the board. By this means the limb can be placed at any angle.

Spinal Shock.

This man, while riding upon a locomotive, three weeks ago, fell off and struck upon his buttocks. From such a fall as this spinal shock is often produced. Heavy weights falling on the head, and the force being transmitted, may produce a like result. The effect of such force is to bend the spine forward—extreme flexion. The spine bends most at its upper part, and between the last cervical and first lumbar. It is in these situations that the vast majority of spinal injuries occur. The symptoms vary, of course, according to the part of the cord injured. The seat of injury in the case before us was low down in the cord, causing paralysis of the sphincters and of the lower extremities. Since the accident, three weeks ago, he has been in the hospital, and is rapidly improving. He is now able to turn over in bed, and to draw up his legs. His chief trouble at present is inability to evacuate the bladder.

Treatment.—His bladder is relieved by the catheter. Daily shampooing of the muscles of the loins and thighs. Motion is commenced in the limbs by the use of the wheel crutch, which gives support in the axilla, and also in the perineum, if necessary. Prognosis is good.

Erysipelas.

During the remarks to the class upon this disease and surgeon's foe, the lecturer said, erysipelas is rare in this hospital; it used to be very common before the present mode of ventilation was adopted. The engine which is used here for forcing the ventilation is capable of furnishing four thousand cubic feet of air per minute to each bed. Good ventilation along with good hygiene in general, are great preventives of erysipelas.

CLINIC OF PROFESSOR DA COSTA, JEFFERSON MEDICAL COLLEGE HOSPITAL.

LUNG DISEASES.

Chronic Phthisis.

Third stage. Mrs. B., aged forty-five; cough for two years. Does not spit blood; losing flesh; night sweats. Dullness at right apex and marked gurgling, with blowing respiration, under right clavicle. Great deal of indigestion.

℞. Syr. ferri iod.,
Liq. morph. sulph.,
Aquæ, āā ℥j. M.

Sig.—Teaspoonful thrice daily.

Her feeble digestion prevents giving cod-liver oil. To improve this function give strychnia, grain $\frac{1}{40}$, before meals.

Pneumonic Phthisis.

Charlie D., aged ten. This boy is troubled with coughing, and is gradually losing flesh. Four years ago he had pneumonia following measles. Only a very slight cough existed from the time of the attack of pneumonia up to one year ago, at which time it became more noticeable, and for a month has been quite severe. Dullness is found over right chest; also harsh respiration. No rales now, though coarse, wet rales have been heard at the lower part of the right lung. The result of this case will depend upon the vital force left to combat the disease. The prospects are that it will terminate in pneumonic phthisis.

℞. Pot. iod., gr.ij
Elix. cinch., ʒj
Tr. opii deod., gtt.ij. M.

Sig.—One dose thrice daily.

Also, cod-liver oil, and live in the fresh air.

Cough, from Elongated Uvula.

This man, aged 58, has had a tickling or strangling cough for some time. Worse at night. Expectorates a great deal. The lungs are normal. Not a lung cough, but due to an elongation of the uvula. Such a diagnosis must be arrived at by exclusion of lung troubles.

Treatment.—Touch the uvula with a solution of sulphate of zinc, 30 grains to the ounce, every day or every other day. A gargle of tannic acid, one drachm to the ounce of glycerine. Put a tablespoonful of this in a wineglassful of water, and gargle several times a day.

Specimen of Larynx, Showing Laryngeal Phthisis, the most marked feature being ulceration. This is one of the most terrible diseases we encounter. The difficulty of swallowing and breathing makes life unendurable. The patient is apt to die of starvation or suffocation.

Empyema.

This is a case that was tapped before the class some time ago. He coughs very little and his breathing is relieved. There is clearness on percussion, except low down. The respiratory murmur can be heard, and shows the air is readily entering the lung. There is a slight friction sound at the front and lower part of the lung. How shall the reaccumulation of pus be prevented. It is treated sometimes by injections of iodine or carbolic acid. Another treatment is steady pressure by means of firm adhesive strips, to keep the walls together, and cause adhesions, and prevent effusion. It also gives rest to the lungs. In any plan the treatment must also consist of long-continued internal use of Basham's mixture of iron. A tablespoonful thrice daily; full diet.

Chronic Pneumonia.

Male, aged 26. This patient had pneumonia three years ago, and since then has been troubled with sore throat, and attacks of difficulty of breathing, which he called asthma. He has had more or less cough ever since the attack of pneumonitis. Upon examination, slight follicular pharyngitis is found, and respiration is much feebler upon right than upon the left side. The percussion note is impaired. There is here lingering consolidation of the lung. The "asthma" is not true asthma. Prognosis favorable under treatment.

Treatment.—Iodide of potassium, five grains in one drachm of compound tincture of cinchona, four times a day. Be careful of exposing himself to wet and cold. Good food. Live out of doors. Every ten days apply a blister to some part of the chest on the right side. The cough is not troublesome enough, in this case, to require treatment.

Acute Bronchitis.

This little boy is said to have had pneumonia two years ago and has been subject to colds since. Has been short of breath since. For six months past his health has failed considerably. Upon auscultation we find over the right lung coarse, dry rales, and some harshness of murmur in left lung. Percussion sound is clear. This is a case of acute bronchial catarrh, and by closely questioning, it is found to be of a week's duration. There is, however, a more serious condition present. A harsh, rough murmur is found to take the place of the first sound, and becomes feeble toward the base. The second sound at base is more distinct at left than right. At the angle of the left scapula this murmur is very evident. There is present here a regurgitant disease of the mitral valve, and also slight hypertrophy. This is not a recent case, as the enlargement indicates. The so-called pneumonia, in all probability, was an attack of endocarditis.

Treatment for Bronchial Catarrh.

℞. Tr. verat. viridis, ʒj
Ammon. mur., ʒij
Mist. glycyrrhr. comp., ℥iij
Syr. pruni. virg., f.ʒvij. M.

Sig.—Teaspoonful four times a day, in water.

After taking this for a day or two the dose ought to be reduced. Use, also, mustard to the chest. It will be better for him to keep in the house in damp weather. After the bronchial difficulty is better, then we will pay attention to the condition of the heart.

Pneumonia after Whooping Cough.

A little child has been sick for three weeks, coughing and spitting up some blood. Breathing is 40; skin hot and dry; pulse 125. In examining the chest of children do so at the back first; auscultate first and percuss last, to prevent them from being frightened. Bronchial respiration is found at the back of the left lung, in fact, over the whole lower part of the left lung. Some harsh respiration upon right side. Much the same signs anteriorly. Dullness on left side, on percussion. This child has pneumonia. It is subacute; rather than pure pneumonia in children. This child ought to be put to bed. Apply large flaxseed poultices to the chest, with oil-silk placed over them.

℞. Tinc. digitalis, gtt.ij
Pot. nit., gr.j
Pot. acet., gr.v.

Give this in syrup and water, of each a teaspoonful, as one dose, and taken every fourth hour. Nourish the child well. Watch closely the effect of the medicine.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Conversational meeting held at the hall of the College of Physicians, Philadelphia, Nov. 28th, 1877. Professor Henry H. Smith, President of the Society, in the chair.

Dr. J. Cheston Morris read a paper on Diphtheria and Inflammatory Croup,* which received a vote of thanks.

Dr. C. B. Nancrede said that there were several points in Dr. Morris' paper to which he wished briefly to advert. In the first place, as to the diagnostic value of the presence or absence of albuminuria. He thought this test very unreliable, as Steiner maintains that albuminuria is not very uncommonly found in true croup. As to the diagnosis between diphtheria and true croup, he did not consider it so easy, and thought that there were many other members present who would agree with him, referring, of course, to the early stage of the disease. It is wiser in all such cases to treat them as if they might be diphtheria. He said that the ill success of tracheotomy in this city was due to a number of causes, first among which was its performance in manifestly improper cases. He had been comparatively lately called in consultation by a gentleman, who, against his advice, insisted upon operating in a case where the interference with æration was most marked, *but was not due chiefly to laryngeal stenosis*, but to a croupous bronchitis or pneumonia. The air entered the chest tolerably freely, but could not reach the blood, owing to the extension of the croupous process. The mother fortunately refused her consent, and no operation was performed. Here, opening the trachea would have done no good, since there was not much obstruction, yet this is a type of far too large a class of cases operated on. Again, tracheotomy is left until too late, when the lungs and nerve centres are hopelessly congested.

Finally, the frequency with which croupous bronchitis occurs in various countries and epidemics varies greatly. In England, of late years, any such complication seems to have been rather the exception, while in this city the reverse usually obtains.

The assertion may seem a bold one, that many gentlemen seem to think their duty done when they have opened the trachea; and that the operation will cure by itself; but, however clearly in theory they may know that this is *not* so, yet in *practice* they certainly act upon some such principle.

The after treatment is everything, the operation merely giving time by preventing strangulation. In one way only is it strictly curative: viz, by obviating the rarefaction of the air in the air cells, by permiting the free ingress of air, thus preventing congestion of the lungs. Were all these points carefully considered the percentage of successes would be much higher than at present. Dealing with a large number of cases, the cures average about 24 per cent., if well selected. There is one extraordinary series of cases where 110 recoveries occurred, out of 142 operations, but about this I think there must have been some mistake. Mr. Spence, of Edinburgh, reports 34 recoveries out of 103 operations, diphtheritic and croupous cases being about evenly divided. The statement that such recoveries would take place under any plan of treatment, and that an equal number do so when medically treated, is not fair, for if we take one hundred cases of croup, a certain proportion will be very mild, some of moderate severity and some very severe, while in tracheotomy cases all are bad cases. As fairly say that you must not operate for a bad compound fracture, because out of a hundred cases of such injuries a large number recover under the expectant plan, while the truth is, that the mild cases do get well without, and the bad ones, in the vast majority of cases, only with, operation. Emetics are useful in a way not generally understood. They never loosen a membrane, although they may expel one already partially or completely detached, but they do evacuate the thick muco-pus which is so common in this affection, and of which a larynx lined with pseudo-membrane is much more tolerant than is usually suspected.

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*See page 21.

Dr. Prall said that a cough was more powerful in throwing off membrane than the act of vomiting, and that, of late, he had stopped giving emetics for this purpose, as he had never seen any of the membrane brought away by their use.

Dr. McFerran remarked that he had seen the expulsion of the characteristic membrane of croup follow the administration of an emetic, and that, too, so soon after the effort to vomit manifested itself, that he was forced to believe it a *propter hoc,* and not simply a *post hoc;* and that, although we might not be able to unravel the mystery of the action of emetics in such cases, we must content ourselves with the utterances of experience, as we are constrained to do in regard to the modus operandi of most other medicines, until empiricism shall make way for science. That there should be a distinction made between croup and diphtheria in practice, if not shown by our faulty knowledge of the pathology of the two, in some respects, similar manifestations of disease, most of us will admit, in spite of all theory, by treating them as distinct morbid processes. That the bold and energetic measures resorted to in croup find no favor in diphtheria will not raise a question. And whatever may be our theories in regard to it, we are all satisfied to use gentle measures in treatment. That diphtheria is primarily a local disease, and may often be arrested by local treatment, is evinced by its history. The constitutional disturbance depending upon local cause should not be confounded with the proper diphtheritic manifestations seen in the latter stages. That it is just as reasonable to expect to cure or modify smallpox, measles, or any other infectious disease, by the use of antiseptics, as it is diphtheria; and here, as there, if curable at all, they must act in some other manner than as antidotes to a poison. That atomized warm water, applied continuously, or for six or eight hours, will, if used at the first appearance of the membrane upon the pharynx and tonsils, cause the membrane to swell into a puffy condition, to lose its dirty gray color, and arrest its extension; and, if continued for sixteen or eighteen hours, completely detach it; this is a fact that will be verified on every faithful trial of the remedy, and, in a great majority of the cases so treated, put an end to any further progress of the disease. That, as a further evidence of the initial stages being local, the fact that the same favorable termination does not follow when the upper pharynx and nares are covered with the membrane, is worthy of note, and the fact must have been observed by all who have had much experience in the treatment of this treacherous disease.

Dr. Charles Wittig said the last case of croup that he had to attend was that of a boy whose brother was then suffering from diphtheritic deposit in the fauces. The patient recovered under the use of antiphlogistic remedies, such as leeches applied to the trachea, near the claviculæ, and of mercurial ointment with oil of hyoscyamus, extract of cicuta and iodide of potassium to the larynx. In these cases he induced alvine evacuations by injections of vinegar, and calomel internally. He also used nitrate of potassa with tartar emetic and syrup of senega, tartar emetic in full dose, to induce vomiting; and in refractory cases sulphate of copper, at first in large, and afterwards in small doses. As a case of laryngo-tracheitis, or the inflammatory variety of croup, could not be successfully treated differently, Dr. W. asked, what was the practical value of the distinction of croup into the diphtheritic and the inflammatory species? He, himself, had adopted the views of both Schoenlein and Fuchs, the former of whom classes croup with his nosophlogoses, and the latter with his typhoids, both classes comprising the diphtheritic process. He had several times treated acute laryngitis, but it never exhibited the dyspnœa, anxiety, cerebral disturbance and pseudo-membranous formation to be met with in croup; it yielded, moreover, soon to leeches and cold applications, connected with the internal administration of nitrate of potassa, etc. It would, therefore, seem to him that pseudo-membranous laryngo-tracheitis is owing to the diphtheritic process, the phlogistic symptoms being rather induced or increased by the locality of the affection.

Dr. Dunmire spoke of three cases, which evidently showed that the constitutional trouble preceded the local symptoms, showing conclusively blood poisoning.

Dr. Hamilton believed in the distinction of these diseases, and pointed out that croup is not epidemical, like diphtheria. The diagnosis of diphtheria is difficult at the beginning, and like typhoid fever, this disease is more frequent in the country than in the city.

Dr. Stetler was convinced that the act of vomiting is useful not only in inflammations of the larynx and trachea, but likewise in those of the bronchial mucous membrane. When the secretions in the latter are tolerably free, young children may be drowned in them, unless relieved by an emetic. He had often seen the great value of emetics in relieving young children promptly from threatened suffocation. He would discriminate as to the kind of emetics, not using the depressing ones in cases of debility, but sulphate of zinc, which seems to have a somewhat specific action on the throat. Even in diphtheria this emetic will often be beneficial, and not depressing.

Dr. Nancrede said that the means by which mucous was evacuated from the chest during vomiting, was very clear, if its mechanism was examined. A breath is taken and the diaphragm fixed by closing the larynx, thus giving a point of support against which the stomach is compressed by the abdominal muscles. Soon, however, this fixation of the diaphragm ceases, and the viscera are forced up against this yielding partition, thus lessening the cavity of the chest. A still further and more marked reduction of its capacity, probably equaling that of the deepest expiration, is effected by the forcible drawing down of the ribs by the abdominal muscles, which, acting from the fixed point of the pubes, drag down the movable thorax.

Dr. W. S. Stewart remarked that diphtheria and croup were distinct diseases, and could be readily distinguished by their locality and nature. Croup is confined to the larynx and trachea, and deposits its membrane upon the surface of the mucous membrane of the part, and is not contagious. Diphtheria, on the other hand, is situated in the fauces and pharynx, and deposits first upon the tonsils, and if left alone soon spreads and ulcerates through the mucous membrane, destroying the parts and producing most offensive and poisonous exhalations. One neglected case of diphtheria, in his opinion, would be sufficient to infect a whole city; but, if promptly taken and heroically treated, it would prove harmless, both to patient and community.

For further particulars on the subject, he referred the society to the paper he read before them, and which was published a year or more since, in the *Medical Times*, on the "Differential Diagnosis and Treatment of Croup and Diphtheria."

Dr. Morris, in reply, spoke of the comparative rarity of true inflammatory croup among us at present, and drew attention to the different treatment required by it and diphtheria. He would not recommend emetics in the latter disease. Croup at the outset is sthenic, and there is frequently a tendency in it to the deposit of false membrane on any abraded surface. Diphtheria, on the other hand, is asthenic, and in the suddenness and malignancy of the attack resembles small-pox, or yellow fever, or malignant scarlatina. He well remembers the suddenness of his own attack, some years ago; how, in apparently perfect health, he was struck, as it were, with the chill while visiting a patient, and intensely prostrated; the membranous deposit showed itself subsequently. The disease was contracted from a gentleman whom he had seen a week or ten days previously. At the same time he believes that the infection lies mainly in the throat disease, and is capable, by absorption, of aggravating the condition of the patient; he would therefore use disinfectants locally. The application of a few drops of a dilute iron solution, (ʒss, tr. ferri chlor. ad aquæ f.℥ij) with a brush, or as a gargle, he has seen very useful.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

This Society convened, for its annual meeting, in Albany, last month.

In the absence of President Jenkins, Dr. A. L. Saunders, of Madison county, vice-president, occupied the chair.

The meeting was opened with prayer by the Rev. Dr. Clark.

The chairman made a few remarks in opening the meeting, and appointed Drs. N. C. Huested, E. H. Lyman, and H. S. Porter, Committee on Credentials.

A communication was received from Dr. J. F. Jenkins, declining the office of president, and contributing $25 to the Society.

The Secretary called attention to two propositions adopted last year: (1) That delegates shall not be permitted to register until all dues are paid; and (2) that permanent members shall not be allowed to register until their annual dues are paid.

The chair announced Drs. William H. Bailey, William Smith, and J. N. Northrup, as the Committee on Arrangements.

Also, Drs. E. R. Squibb, W. C. Wey, and D. B. St. John Roosa as the Business Committee.

Dr. Porter offered a resolution that only delegates and permanent members who have registered and paid their annual dues be permitted to vote on nominating committees in their senatorial district committees, and that the caucuses of the senatorial committees, when they meet, elect a chairman and secretary, and they report to the society, in writing, the names of the persons elected by each committee, to serve on the nominating committee. Adopted.

A short recess was then taken.

On reconvening, Dr. Bailey, chairman of the committee of arrangements, reported the following visitors: Dr. A. E. McDonald, of New York; Dr. P. B. Collier, of Valatie; Dr. William G. Lamb, of Lawrence, Mass., delegate from the State society of that State, and a number of the members of the Albany County Medical Society.

The chair announced as the committee on ethics, Drs. William C. Wey, D. B. St. John Roosa, and James Chapman.

Dr. Squibb, from the Business Committee, made some remarks as to the legality of the present meeting.

Dr. Gourlay moved to refer the matter to the Business Committee, with power to report. Adopted.

Dr. Diamond, of Cayuga county, asked advice of the Society as to the propriety of taking some action looking to the securing of proper compensation of medical experts called as witnesses. Referred.

Dr. Squibb read the report of the Committee of Publication, the recommendations of which were adopted.

Dr. Eugene Beach read a paper on "Punctured Wounds of the Stomach."

The President announced the Committee on

Nominations, as follows: J. W. S. Gourlay, New York; D. Guernsey, Dutchess; M. H. Burton, Rensselær; E. D. Ferguson, Clinton; G. W. Cooke, Otsego; J. H. Chittenden, Broome; Theodore Diamond, Cayuga; James Chapman, Orleans.

Dr. McLane read a paper on "Contributions to the Study of Epilepsy," and Dr. Weir one on "Urinary Fistula."

At the evening session, Dr. Edward Seguin, of New York, made remarks on the "Importance of Uniformity of Medical Observations."

Dr. Stephen Smith, of New York, read a paper on "Antiseptic Surgery," and it was discussed by a number of members.

Dr. Bailey presented an invitation to the members, delegates from sister societies and invited guests, to attend a reception by the medical society of the county of Albany, at the Delavan house, on Wednesday evening, at nine o'clock, which invitation was accepted with thanks.

On the assembling of the society the following day the Treasurer's report was presented and referred to the Auditing Committee, consisting of Drs. Govan and Burr. The report shows the receipts to be $1103; expenditures, $661.64; balance on hand, $431.36. On account of the publication of the *Transactions* there is an indebtedness of $1600.

The report of the Librarian shows that there are 7768 volumes, principally of *Transactions*, on hand, and that the expenses of his office have been $113.10.

The Committee on Ethics made a report in regard to the interpretation of the code of medical ethics, which was adopted.

The Committee on the Codification of the By-laws also made a report, which was adopted.

A telegram of condolence was sent to the family of Dr. Dean, of Rochester, who died suddenly on Sunday.

An invitation was extended to the medical members of the legislature to attend the delivery of the annual address.

The Business Committee reported in favor of a law to provide for properly compensating medical experts when called as witnesses. Adopted.

Dr. Mosher moved the appointment of a committee of three, with Dr. Diamond as chairman, to urge the passage of the law. Adopted.

The Committee on By-laws made a report in reference to medical students passing an examination in languages before graduating. Accepted.

A resolution changing the time of regular meeting until the first Tuesday in February, was adopted.

Also, one that the President, Secretary and Treasurer, with twelve members, meet in Albany on the third Tuesday in June, to ratify the proceedings of the present meeting. Adopted.

At the meeting the next morning, the following officers were elected:—

President, D. B. St. John Roosa, New York; Vice-president, Judson C. Nelson, Cortland; Secretary, W. Manlius Smith, Onondaga; Treasurer, C. H. Porter, Albany.

The sense of the Society was taken, and it was expressed as against, the naming of a manufacturing firm of healthful articles of diet in the Transactions. Also against putting the words on a sign, "eye and ear infirmary," or "oculist and aurist."

After the transaction of some unimportant business the Society adjourned *sine die.*

EDITORIAL DEPARTMENT.

PERISCOPE.

Syphilitic Disease of the Viscera.

The London *Medical Record* quotes some cases of syphiloma of the viscera described by Professor Axel Key, of Stockholm:—

The subject of the first case was a prostitute, who died suddenly. At the necropsy, besides other characteristic specific changes, one half of each kidney was found to be the seat of between twenty and thirty grayish-white or reddish-gray round masses, of various sizes, some isolated, some becoming confluent. They were surrounded by a gelatinous gray-white zone, and sharply defined from the surrounding renal tissue, so far as could be seen with the naked eye. The condition could not be judged with certainty, as cadaveric changes had already commenced. Most of the larger masses had undergone caseous degeneration in the centre. Microscopic examination showed the changes usual in syphiloma, especially syphiloma of the liver, which the masses found in the kidney also resembled microscopically.

In the second case, that of a man aged 31, the syphilitic deposits were very numerous, and were principally found in the pyramids of the kidneys. (In the former case the new growths were partly within and partly without the cortex and pyramids.) They were softer than in the other case, and were in general in a state of softening, having a jelly-like consistence. In addition to the syphiloma, the renal tissue was the seat of induration and atrophy.

In connection with these cases, Dr. Key describes the condition of the heart and kidneys as found by Professor Bruzelius at the necropsy of a sailor who had died suddenly. The lower part of each kidney was found to be completely atrophied, and to be sharply marked off from the upper part, which microscopically appeared to be unaffected. This atrophy is characteristic of syphilis. The muscular tissue of the heart also contained many connective tissue growths, in which were found small grayish-white or gray-yellow syphilitic deposits.

Medical Uses of Bael.

Sir James Fayrer says of this fruit, in the London *Medical Times and Gazette*, It is hardly necessary to say that the bael is an orange with a ligneous rind, in which there is much essential oil; that its pulp is astringent, and contains numerous seeds embedded in the tenacious mucilage. It is common in India, ripens in the autumn, and could be easily brought to England in the imperfectly mature condition. The bael has frequently been described, and is well known to medical men in India as a valuable remedy, not, as sometimes supposed, in the treatment of acute dysentery, but in certain chronic forms of that and other bowel complaints. Martin, Cleghorn, Grant, Waring, Jackson, and others, have spoken of its good effects. Sir. R. Martin, in the *Lancet* of 1853, and Mr. A. Grant, in the *Indian Annals* of 1854, call attention to it. The latter says, "It is useful in habitual constipation, taken early in the morning, and also in the irregularity of the bowels attended by periods of looseness alternating with constipation, as is so often seen in certain seasons in India. It has been given with good results in mucous diarrhœa, chronic diarrhœa, and dysentery." In fact, many Indian physicians have spoken highly of bael for such purposes, and to a great extent I can confirm their opinion; at all events, quite sufficiently to say that it is a useful and pleasant remedy for some forms of bowel complaint in their chronic conditions; and to express my belief that it would be a valuable addition to our resources in the treatment of similar diseases here.

A Case of Cæsarean Section.

Dr. C. Jewett reports the following case in the *Proceedings* of the King's County Medical Society:—

Mrs. L., aged twenty-three years, in the eighth month of utero-gestation, primipara, was seized December 6th, with diphtheria. I first saw her at 7½ P.M., on the eighth, with Dr. Duryee, her physician. She was sitting up in bed, and showed no evidence of exhaustion. Temperature 103¼; pulse 120.

About one-third of the anterior surface of the soft palate was covered with a fibrinous exudation. The patient was aphonic, but had no dyspnœa at that time or subsequently. The treatment, which was stimulant and tonic, was continued, and a hopeful prognosis given. Two hours later the patient suddenly became much worse and died. The immediate cause of death is still obscure.

Reaching the bedside at the moment of death, I proposed Cæsarean section, to save the child. Obtaining consent of the friends, the first incision was made at about five minutes from the time the mother ceased to breathe. Cutting rapidly down through the abdominal and uterine parietes, the placenta was exposed, attached anteriorly. In less than six minutes after the mother's death the child was removed from the uterus, but in a state of apnœa. Breathing was not fully established till artificial respiration (by Silvester's method) had been maintained for at least half an hour. The child lived till the seventh day, when it succumbed to atelectasis of the lungs. In every other respect it seemed perfectly healthy. Had mouth-to-mouth inflation of the lungs been substituted for Silvester's method, possibly the child might have survived. The former mode of inflation I have frequently practiced through the intervention of a coarse towel, passage of the air into the stomach being prevented either by pressure upon the epigastrium, or by gently forcing the larynx back against the œsophagus.

The Myopia of School Children.

Dr. A. Proust, of Paris, in his recent work on Hygiene, states his belief that myopia is produced artificially, on an enormous scale, in children at school, and he explains its occurrence in this way: the statistics of Erisman have shown that the vast majority of children under the age of seven are hypermetropic, and to see to read clearly at the usual distance they make great efforts of accommodation. The contraction of the ciliary muscles thus produced causes increase in the intra-ocular tension, and as this is kept up for long periods at a time the coats of the eye eventually give way in the direction of least resistence, *i.e.*, posteriorly; the antero-posterior axis of the eyeball is lengthened, a posterior staphyloma produced, and myopia eventually results. The myopia is increased by the fact that the ciliary muscle, being kept in a state of strong contraction for so long, at last becomes hypertrophied, and the curvature of the lens becomes permanently greater. The statistics of Cohn prove how frequently myopia is thus produced; for he found that in the first (or lowest) grade schools in Germany the proportion of myopic scholars was 6.7 per cent.; in the second grade schools it was 10.3 per cent.; in the third grade 19.7 per cent.; while in schools of the highest grade the proportion was as high as 26.2 per cent.; and in the top class of these schools more than half the students were myopic. M. Proust lays special stress upon the importance of plenty of open-air exercise as a precaution against this condition, the accommodation being then practically at rest. As myopia, when once established, is liable to become hereditary, it is of great importance that bodies which, like the School Boards of our large cities and the Ministry of Public Instruction in France, are undertaking the training of children by the thousand, should pay special attention to this point, if the advance of education is not to be accompanied, *pari passu*, by increased impairment of sight in the race at large.

The Action of Morphia.

As the result of a long series of experiments on cold- and warm-blooded animals, Dr. Ludwig Witkowski comes to the following conclusions with regard to the action of morphia:—1. In a degree proportionate to the dose, which varies in different animals, morphia causes paralysis of the cerebral centres for sensation and voluntary motion. 2. The paralysis of these centres is not preceded by irritation or increase of excitability, but the various symptoms which have been thus explained are due to disturbances in the equilibrium of the separate functions of the brain. 3. The respiratory centre is the last to become paralyzed, and paralysis of this centre is the only or the main cause of death. 4. The centres for the inhibitory fibres of the pneumogastric, for the vasomotor nerves, and those regulating the contraction of the pupil, are not directly influenced by morphia, as regards either irritation or paralysis. 5. Morphia increases the reflex excitability of the spinal cord. 6. Morphia does not affect the peripheral nerves whether motor or sensory, or the organs in which they terminate.

Treatment of Deep-seated and Atheromatous Cysts of the Neck.

Professor Esmarch, at the Fourth Congress of the German Surgical Society of Berlin, brought forward his experience of about a dozen cases of deep-seated atheromatous cysts treated in the following manner: The contents of the cyst were first evacuated by means of a fine trocar, and the cavity was repeatedly washed out with a one per cent. solution of carbolic acid, with the object of removing as far as possible the friable masses of epidermal cells. The injection was continued until it escaped colorless; from ten to twenty grammes (two to four drachms) of Lugol's iodine solution was now injected into the empty cyst, and by gentle pressure was brought into contact with all the internal surface. After a few minutes the solution was allowed to escape. After the operation the cyst was found to become again tense, like a hydrocele after injection, with fluid, as a result of inflammatory reaction. But in the course of from six to eight weeks the cyst in general became completely shrunk. If, however, this failed to occur, Esmarch repeated the operation in the same manner, and a cure was the invariable result. Professor Esmarch points out that the removal of such cysts by operation is by no means devoid of danger, especially on account of the close connection that so often exists between the wall of the cyst and the sheath of the jugular vein, and further, that even if they are successfully removed, an ugly cicatrix is always left.

Subcutaneous Injections of Chloroform.

In a note addressed to the Société de Thérapeutique (*Gaz. des Hôp.*, Dec. 14), M. E. Besnier details the results of numerous trials which he has made at the St. Louis, of the hypodermic injection of chloroform, first practiced by Dr. Roberts Bartholow, in 1874. There has been, he observed, but little published upon the subject, probably because these injections have been used only for a limited purpose (the treatment of neuralgia), instead of employing them for the relief of every kind of pain. Their great advantage, he considers, consists in the fact that they may be employed in this manner, and thus supersede morphia, with its consequent inconveniences. No ill effect whatever, local or general, follows these injections, and yet they are efficacious. But the mode in which they are made is of importance, for, inefficiently performed (which is very commonly the case), they may give rise to local phlegmasia. They should always be practiced in two stages, the needle being first separated and introduced alone, so that if it happen to penetrate a vein this may be made known by the issue of a droplet of blood. When the syringe has been reapplied, in order to prevent local irritation being caused, the injection should be propelled into the hypodermis (*i. e.*, the subcutaneous cellulo-adipose layer, which varies in thickness in different regions and individuals), which not only possesses a special tolerance and insensibility, but a very active absorbent power. If the point of the needle be very fine and sharp, it may be passed through the skin into this tissue without appreciable pain, which, however, will be felt if it be carried too far, so as to reach the muscles, etc. The needle is manœuvred with the greatest facility as soon as it has passed the dermis, its point being easily guided to any part of the hypoderm. This done, the syringe may be adapted, and the injection made, with the greatest security.

The Management of Breech Presentations.

Dr. J. E. Clark says, in the Proceedings of the King's County Medical Society:—

Inasmuch as we can never tell when we are going to have trouble in these cases, it is better to prevent the breech becoming arrested, if possible.

The rule I have followed in my practice for many years now, is, in all cases of breech presentations at full time, to bring down a foot. This allows complete control of the labor; we can hasten it as the exigencies of the case may require.

Dr. Robert Barnes, of London, adopted this mode of treatment in cases where the breech becomes arrested. Would it not be better to do the same thing earlier, and thus prevent hours and hours of intense agony to the mother and danger to the child?

I prefer to perform the operation before the first stage of labor is complete. It can be done then very easily, and without inflicting much suffering upon the mother. It is seldom necessary to give chloroform, though there is no objection to it, if desired. After the foot is brought down the dilatation of the os uteri is more readily completed, and the duration of the labor much shorter.

There are some points, as to the manner of performing the operation, I would like to mention. The feet and legs occupy two different positions in these cases. In one, and the most common by far, the legs are flexed upon the thighs, which brings the feet very near the os uteri. In the other, the legs are extended, carrying the feet near the fundus of the uterus, by the side of the head. Of course, these last are the most difficult to manage, and rarely fail to give trouble if left to themselves. I have adopted the following rules:—

1st. In introducing the hand into the uterus, use great gentleness with firmness, and always support the fundus with the unoccupied hand.

2d. Introduce the hand, the palmar surface of which will pass readily along the posterior aspect of the thigh of the fœtus.

3d. Choose the foot most anterior.

4th. Never bring down but one foot—reasons obvious. It leaves protection for the cord, and gives bulk for dilatation.

5th. Do not hasten the passage of the hips through the pelvis. Secure all the dilatation possible.

6th. Guide the rotation of the child in its descent, so that the abdomen is posterior in relation to the mother.

I have said nothing in regard to the diagnosis in these cases, because the points of diagnosis are so well known, and so easily made out, that a mistake can only occur through great and inexcusable carelessness.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Students of medical history will welcome the appearance of Dr. N. S. Davis' "Contributions to the History of Medical Education and Medical Institutions in the United States of America," 1776—1876, a special report prepared for the United States Bureau of Education. It forms a supplement to Dr. Toner's history of medical education prior to the Revolution, and is replete with incidents and reminiscences. It may be obtained by application to the Department of the Interior.

——Dr. Louis Bauer has had reprinted, from the St. Louis *Clinical Record*, an article on the dressing of stumps. His plan is a modification of the open method, not unlike that advocated by Burow.

——A pamphlet on the medicinal uses of phosphorus, compiled from various recent authors, has been published by William R. Warner & Co., Philadelphia. It will be found a useful grouping of late views on the topic.

——The subject of keratitis bullosa is treated with great thoroughness in a reprint from the *Archives of Ophthalmology and Otology*, by Dr. M. Landesberg, of this city. The paper will command the attention of specialists.

——Dr. J. L. Cabell's Etiology of Enteric Fever, reprinted from the Transactions of the American Medical Association, is a collection of facts on this much discussed question.

——Dr. James F. Hibberd, of Richmond, Indiana, in a reprint from the Cincinnati *Lancet and Observer*, points out how the instructive operations of the human system may be utilized in the management of certain diseases. Constipation and its cure furnish him with some apt illustrations.

——Dr. George M. Beard, of New York city, has made an interesting study of the endemic tetanus of Eastern Long Island. It occurs in that locality in one of 200 wounds; while the average in New York city is about one in 30,000 wounds. The cause is believed to be the dampness of the soil and air. Dr. Beard defines tetanus as "a cold in the spinal cord." His essay is well worth reading.

——The Annual Report of the Columbia Hospital for Women and Lying-in Asylum, for the last fiscal year, is just out, and will be read with interest. The attacks which were made on the management of this hospital by some anonymous writers have, within the last few months, excited considerable comment. These charges are, it appears to us, completely refuted by an appendix to the present Report, giving the notes of the numerous inspections made of the hospital, and by the detailed statement of expenses in the body of the Report. Unless such charges are entirely substantiated, they reflect great discredit on the person who advances them, as they not only injure the officials of the hospital, but the profession generally, as well. In this case there seems no sufficient ground for them.

BOOK NOTICES.

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Spinal Disease and Spinal Curvature. Their Treatment by Suspension and the Use of the Plaster-of-paris Bandage. By Lewis A. Sayre, M.D., etc. J. B. Lippincott & Co., 1878. Small 8vo, cloth, pp. 122.

Much attention has, for several years past, been devoted to the treatment of diseased deformities of the spine by the methods identified with the name of Dr. Sayre. Without entering into useless discussion of priority in the discovery, or rather, the application, of these methods, all must acknowledge that to Dr. Sayre is due the perfecting of the details, and their prominent and successful application, and exhibition to the profession. These details are given quite fully in the present little work. It is enriched by numerous illustrations and photographs of the apparatus, and the manner of using it. All the points of treatment are detailed succinctly, but fully, so that, as the author remarks, "the plan is so simple, and its application so easy, that any medical man can treat these cases himself with perfect success in any part of the country, thus saving the patient the pain and expense of traveling long journeys to some specialist or institution devoted particularly to this class of deformities." The diseases treated of are Pott's disease, or angular curvature of the spine, and rotary-lateral curvature of the spine.

The Elements of Therapeutics. A Clinical Guide to the Action of Medicines. By Dr. C. Binz, Professor of Pharmacology in the University of Bonn. Translated from the Fifth German Edition, by Edward J. Sparks, M.A., M.B. New York, Wm. Wood & Co., 1878. 1 vol., cloth. Small 8vo, pp. 347.

Professor Binz gives us, in this work, a condensed series of notes on the materia medica; too condensed, in fact, to permit of easy reading, but useful as a guide to more complete works. His general scheme is to take a drug, digitalis, for example, devote a few lines to defining it, and giving its origin and elements, then pass on to its physiological action, its medicinal uses, and close with its pharmaceutical preparations (very similar to the United States Dispensatory).

The classification of drugs he adopts ranges them under the following chapters; sedative nervines, stimulant nervines, æthereal oils, demulcent medicines, astringent, bitter and alkaline medicines, remedies promoting tissue growth, diathetic and antiseptic medicines, antipyretics, evacuants, caustics and mechanical remedies.

The translator, who has done his work conscientiously, has added the preparations of the British and United States Pharmacopœias. The metric system of weights has been retained in various instances, and the translator says a few strong words in favor of its general adoption in this country and England.

Landmarks, Medical and Surgical. By Luther Holden, F. R. C. S., etc. 1 vol., small 8vo, cloth. Philadelphia, Lindsay & Blakiston. Henry C. Lea. Price $1.00.

The author has collected in this small volume what the French call the various *points de repére* in operative surgery and physical examinations. To take an example, under the heading, "the knee," he mentions the bony points, and what they represent, the line and position of the ligamentum patellæ, the position of the bursa, of the synovial membrane, the position and relations of the popliteal tendons and bursa, the popliteal artery and peroneal nerve. Whenever suggestions for operation occur they are carefully indicated.

The volume has been quite popular in England, and deserves to be so, as it is full of practical hints that are often omitted from the large works on surgical anatomy and diagnosis.

Practical Gynæcology. A Handbook of the Diseases of Women. By Heywood Smith, M. A., M. D., Oxon. With illustrations. Philadelphia, Lindsay & Blakiston, 1878. Cloth, small 8vo, pp. 205. Price $2.00.

This aims to be a condensation of the large treatises on gynæcology, designed to convey all that is positively known about them, and omitting all discussions of unsettled questions. The general arrangement is that of Thomas' work, but the author writes from considerable independent experience and observation, and his book is not a mere abridgment of another's labors. There is, indeed, the obvious fault of excessive conciseness shown on many pages; but those who wish an epitome of this branch of medicine could not well find a better one.

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REMARKS UPON THE DWELLING HOUSES OF THE POOR.

Twenty-five years ago the following lines were written: "In some rooms it is not an unfrequent occurrence to see above a dozen human beings crowded into a space not fifteen feet square. Within this space the food of the wretched beings, such as it is, must be prepared; within this space they must eat and drink; men, women, and children must strip, dress, and sleep. When death releases one of the inmates, the corpse must, of necessity, remain days within the room."

The lapse of a quarter of a century has made but little improvement in such a condition among the poor. In fact, the very same remarks may be applied to whole districts in every large city. This is well known by every physician who has charge of a dispensary practice. The writer has had occasion to become thoroughly acquainted with the abodes of the poor of one district of this city, and the result of this experience has led him to believe that there is not a single tenement house in the entire district that has the requisites necessary for healthfulness. Chief among the defects is the inability to obtain sufficient light and air. The windows are small, the panes of glass 7x9, and the upper sash always nailed. This latter fact, the inability to lower the upper sash, has been a matter of careful investigation hundreds of times, and a single exception has not been met with.

A late writer, in speaking of houses, says.—"All persons of cultivation and refinement must instinctively shrink from cooking in the dark. Hence, it should be arranged that the kitchen should have all the daylight possible, every room of a house should be so arranged, if possible, that there should be at least one window opposite another, or a door, so that the room may be speedily and thoroughly ventilated by opening both at the same time. Transoms, or movable sash, over the door are very essential in bed-rooms, in securing ventilation." Now, certainly, what is right for one house is right for all. The poor man's home need not be adorned with extra finish, but should not the landlord and builder be compelled to give every attention to the health of their tenants, especially when it can be done so easily?

This is of importance, not only for the few; how often the innocent must suffer, sickness and death entering the rich man's door, spreading from some loathsome or uncleanly centre. Truly the care of the poor, and of the dirty quarters of the city, is an important question to each and every citizen. Can our readers point out a single tenement house with large windows, or a single room where the upper sash of the window will lower? Did you ever see a transom over a single door? Do you remember seeing such a house where the builder or landlord has had any heart for the poor wretches that were to overflow his property? We have seen more than this—a small room partitioned, so that accommodations could be furnished for more boarders. This partitioned part could receive its light and air only through a window in the partition, having itself no direct communication with the external world. In such a room we have carried a lamp at midday, to see the features of a sickly woman, stretched upon her wretched bed; and thus she lay in darkness, day after day.

Dr. James, of the Council of Hygiene of New York, says:—

"What calls most imperatively for reform, is the present construction of tenant houses as regards light and ventilation, and every necessary comfort. Not only does the present system of overcrowding these pent-up and unventilated apartments, and the consequent inhaling an atmosphere loaded with carbonic acid gas, and the poisonous exhalations of human bodies, enervate the physical powers, and predispose to disease of the worst type, but its demoralizing effects are fearful to contemplate; and instead of being the most attractive, home is often rendered the most uncomfortable and uninviting spot on earth."

Much is, at the present time, said about abuse of medical charities; could not charity be better applied, if directed to the root of much of the sickness of the poor? Strike at the cause of disease, rather than the effects of their living. It is said that some gentlemen, of late years, in Dublin, have succeeded in erecting some very fine tenement houses, with all the latest sanitary improvements, and from the success which has attended their venture, and the eagerness with which rooms in them are sought after by the working classes, it may be easily learned that the latter are fully sensible of their many advantages. Why cannot similar erections be accomplished in our country, in every large city, by some philanthropic and public-spirited gentlemen?

NOTES AND COMMENTS.

Treatment of Epistaxis.

Dr. Blondeau relates, in the *Union Médicale*, a case of epistaxis in which a large quantity of blood had been lost, and which, not yielding to other means, he succeeded in rapidly arresting by the application of a tape tightly around the middle part of the thigh. As the bleeding did not recur, this was removed next day, when the hemorrhage reappeared soon after. A new application of the ligature was made, and was again promptly successful, the bleeding again returning when it was removed. At last, after a series of these alternations, the hemorrhage ceased entirely.

On Pseudo-Membranous Cystitis.

In a recent thesis, Dr. Guyot, of Paris, has studied this variety of cystitis. It is usually met with after the application of blisters, but is also sometimes found in the case of chronic and long-standing lesions of the bladder, such as calculi, tuberculization, and muco-purulent cystitis. The nature of the false membranes thus expelled with the urine has been sufficiently discussed. After it had been long admitted that they were the result of an exfoliation of the mucous membrane, it was sought to be demonstrated that they were almost always formed by fibrine, enclosing epithelial cells. This opinion is defended by M. Girard, and it seems the most rational; however, he admits, with Dolbeau, the exfoliation of the mucous membrane by fragments; but as a very rare phenomenon. The treatment consists specially in repeated washings out of the bladder, followed by slight cauterization with a weak solution of nitrate of silver, which is left in the bladder during one or two minutes. M. Guyot obtains neutralization with water in which salt has been dissolved. M. Guyot also seems to have successfully employed a solution of borax, of the strength of one part to the hundred, in place of the nitrate of silver.

The Management of Ranula.

Dr. Müller, of Moscow, in an article quoted by the London *Medical Record*, gives four cases of ranula observed in new-born infants. In the first case, tincture of iodine was injected; this produced suppuration, followed by cure of the ranula in three weeks. In the third case, the sac of the tumor, after having refilled, was cut away with scissors, with a successful result. In the second case incision was avoided, on account of the vascularity of the swelling, but a ligature was applied over it. The swelling did not disappear, but only became smaller. At the end of a fortnight, no change having taken place in the size of the swelling, and there being scarcely any discharge from the punctured joints, the ligature was removed. The ranula was still as large as a pigeon's egg, hard, and without fluctuation. An attempt to remove the contents by means of Pravaz' syringe was unsuccessful, as was also painting with tincture of iodine. Toward the end of the fourth month the child died of chronic enteritis. At the post-mortem examination there was found a cavernous cystic tumor, as large as a pigeon's egg, the cavities of which were filled with a clear, transparent fluid. The sublingual salivary glands were normal.

Galvanization of the Head for Insomnia.

This plan has lately been urged by a French writer, Dr. Vigouroux. The process consists simply in passing the current from 3 to 5 Trouvé cells through flat electrodes placed on the temples for thirty seconds to one minute. The electrodes may be applied to other points of the cranium, but the bi-temporal position appears to be the most efficacious. If the application be made in the morning, the patient experiences for the rest of the day a more or less pronounced tendency to sleep. The author has verified this action of the galvanic current more than fifty times, mostly on patients under the care of Professor Charcot, and urges in its favor its almost constant success in the diverse forms of insomnia, its almost perfect harmlessness, and the avoidance of any digestive disturbance such as is liable to follow the use of hypnotic drugs. Dr. Vigouroux has also met with success in the treatment of nervous buzzings in the ear and auditory vertigo by means of a constant current.

Medical Gynecology.

This is the title of the address which Dr. Fordyce Barker read before the Gynecological Society, and which has since been reprinted. He makes some most excellent suggestions, that special apparatus and operations be not relied upon to the exclusion of general medical treatment. A curious and rather well-known case, of a lady who had "suffered much from many physicians," and was finally cured "by the power of prayer," at a Moody and Sankey meeting, is told, both as an illustration of his general thesis, and of the power of psychical remedies—a view of the event which will not be pleasing to ardent revivalists.

CORRESPONDENCE.

Consciousness Under Anæsthetics.

ED. MED. AND SURG. REPORTER :—

Touching the question raised by that married woman in England, recently, having a medical man arrested for liberties he took with her after putting her under the influence of chloroform, I have to depose that, about a quarter of a century ago, while attending medical lectures in Philadelphia, I had Dr. White, on Arch street, to administer an anæsthetic before extracting some teeth for me. A student friend, David Selwan, accompanied me, and as Professor Meigs, in his annual lecture against anæsthesia, insisted that it did not obviate pain, but only caused oblivion, I was determined to watch every sensation, and ascertain for myself what effects the anæsthesia produced. The first decided impression was that of excessive fullness of the head; then a roaring in the ears, like bellows, with the clattering of the valves; then an aura, starting from the feet, and passing on up the legs and body, and when it neared the head it seemed that the blood suddenly rushed up into the brain, like fluid rushing in to fill a partial vacuum; and then immediately I distinctly *heard* myself breathing stertorously; and then I *felt sensibly* when the doctor took the napkin from my face; and I recollect clearly the *dread I felt* when I heard him take the forceps from the table, and *thought* now the pain will be inflicted and I can't help myself. He grasped one stump, and the forceps slipped a time or two, and as soon as he had taken out the second one I recovered enough to speak, and told him to hold on, that he was hurting me. He was surprised, and thought I must be mistaken. But I told him which one he took out first, and about the forceps slipping, etc. He replied that was all correct; but that I didn't move a muscle of my face, to indicate pain. I told him no; that I could not move a muscle of my body anywhere. Having another tooth to be extracted I requested him to anæsthetize me more deeply. He began; and after administering it for awhile he asked me if I had enough? I told him no. Enough? No; Enough? No; then I ceased to reply, but would shake my head, until I had lost all consciousness. When he removed the last tooth I knew nothing whatever about it. I slept for some moments afterward, and when I awoke the doctor and my friend were standing looking at me. I was mortified, on recovering my consciousness, with the impression that I had impolitely fallen asleep in company, having then no idea whatever that I had *really* been having my teeth extracted; but thought that I had dreamed it while asleep there in the chair, and rubbing my eyes I began apologizing, saying that I had been asleep and dreamed that I had gone with my friend to him (Dr. White) to have some teeth pulled out, etc.; and went on to tell the whole procedure up to the second anæsthetization, when the dream seemed to me to have terminated abruptly. But on spitting I noticed the blood, to *my surprise*, and turning to the doctor, remarked, that I believed he had been pulling my teeth; he and my friend, who had both been listening attentively—and in assumed ignorance of its fallacy—to my dream, broke out in a laugh.

Whether I could have seen or not I am unable to testify from my personal experience (from which I am drawing these remarks), as my eyes were closed, and I could not have opened them. But that I *did hear distinctly* and *feel acutely* on that occasion, I am prepared to testify positively, as the recollections of those facts have often been called up, and are yet clear in my memory.

But, on the other hand, there is testimony enough to establish beyond doubt the fact that anæsthetics do at times cause hallucinations as *unreal* as any dream can be. And as ordinary dreams at times excite organic action and promote secretions, so may these anæsthetic hallucinations also; and right here might arise a doubt which no human testimony could possibly solve. Who could say whether these secretions were caused by the hallucination or the natural process? I am certain that, had I been a woman, Dr. White could have treated me as he pleased, in spite of myself, and yet I would have been sensible of every act, just as I was in the extraction of my teeth; and while I have as high an opinion of educated professional gentlemen as anybody, and would be reluctant to believe that any one would be guilty of so diabolical an act as taking advantage of a lady who had intrusted herself to his honor and skill, yet I do think that prudence dictates that no gentleman ought ever to administer an anæsthetic to a lady without having present a reliable witness to protect his own, as well as her character. How crushing a suspicion might rest upon the mind of some noble lady, even though she never breathed it! And how easy, on the other hand, could some vile woman blackmail a professional gentleman with a soul as unsullied as an angel!

Recollecting Professor Meigs' admonitions, I have made it a rule to have a witness present; have sent off some distance for one, and awaited her arrival, although impatient at the loss of time. D. W. Foster, M.D.

Near Ville Platte, La., January 14th, 1878.

Hebraic Onanism.

Ed. Med. and Surg. Reporter:—

In your January 19th number of the Reporter, is an article upon "Onanism," by Dr. Forwood. In this article the doctor asks for a little enlightenment upon the Hebrew use of the word. Although Prof. Gross is the one from whom he especially asks for a reply, yet from the fact that I have devoted some little attention to the word in its original tongue, I have taken the liberty of sending you my version of the matter, intending in nowise, however, to forestall a reply from Prof. Gross.

The middle portion of the 9th verse of the 38th chapter of Genesis should, if correctly translated, read as follows: "And it so happened (or, came to pass) when (this is probably as good a rendering as can be given to the conditional Hebrew particle *im*, though it implies more properly the sense of surely, or truly) he had connection with (the *pi el* form of the verb *bô beth, vav, aleph*, in conjunction with the particle *el* joined to its object, as it here occurs, would be better rendered "had connection with," than "went in unto;" the phrase I have used is given in the lexicon as the meaning when thus used) the woman (the Hebrew has no word for wife) of his brother, he destroyed ("the seed" is understood from the preceding clause, but is not expressed; this is why, in the King James' version, *it* is printed in italics) on the ground, so that he might not give seed unto his brother."

The *pi el* form of the verb *shahath*, which is translated "spilt" in King James' version, means nothing of the kind, only as we associate the idea of spilling or dropping with it, before it would reach the ground. The meaning of the verb is, *first* (when in the *pi el* form) acted corruptly; *second*, destroyed; *third*, broke a covenant; *fourth*, laid aside (as of pity).

The verb *bô* (*beth, vav, aleph*), "to have connection with," is the same one that is used in Genesis xvi, 2, 4, 5, where the phrase "went in unto" occurs; the same also as used in xix, 34; also in xxx, 3; also in Deut. xxi, 13, and xxii, 13; also in Ezekiel xxiii, 44. In fact, it is *the* word, when the particle *el* is with it, used in Hebrew to express sexual congress. The examples I have given cover nearly all the various phases of its use, as regards connection with wife, concubine, or harlot, and they all have one and the same meaning, of a completion of the sexual act; else how could Hagar have conceived? (Genesis xvi, 2, 4, 15). The withdrawal before ejaculation, thus allowing the destruction of the seed upon the ground, is properly onanism; possible only on an incomplete sexual union. Masturbation is akin to it, only that the seed is *destroyed on the ground.* It takes two individuals for onanism; one only for masturbation.

The examples given of the use of the verb *bô* (*beth, vav, aleph*) cover, archæologically, many years of the history of the Hebrew nation, and yet there has been no change in its meaning, from the time of Adam down. It always means, when used with the particle *el*, "to have connection with." The primary meaning of the verb, standing alone, is "to go in," "to enter," and may be used concerning a house; the particle *el*, however, changes this meaning *entirely*, so far as the morality of the act is concerned, and gives the meaning of "sexual congress," and this *always*, when so used. In Hebrew there is no word with which I am acquainted that gives any idea, however remote, of the act we term "masturbation." Hence, as Dr. Forwood suggests, the word onanism should not be used synonomously with masturbation, for it means nothing of the kind.

The writer the doctor quotes from the *North American Medico-Chirurgical Review* is somewhat out of the way in his reason for the Hebrew brother taking his brother's widow to wife, Deut. xxv, 5 to 11, explaining this completely. From this chapter, you see, the brother was not *compelled*, as the writer in the *Review* would seem to say, to marry his brother's widow (the word in this chapter translated "to go into" is the same as in the verse speaking of Onan's sin). If he did not like her, or for prudential reasons, he could assert his determination, before the elders of the people, not to take her to wife; she (the brother's widow) could then spit in his face, and unloose his shoe, and there the matter would be forever settled. C. Henri Leonard, m.d.

Detroit, Michigan.

Treatment of Quartan Fever.

Ed. Med. and Surg. Reporter:—

In reply to the query of Dr. C. M. M., of Ohio; Reporter, vol. xxxviii, No. iv, I will state, in this malarial climate the following prescription (varied according to circumstances) has seldom failed me in uncomplicated "quartan intermittents" of adults:—

℞.	Quiniæ sulphatis		
	Cinchonæ do	āā	ʒj
	Acidi arseniosi		gr. ij
	Ferri sulphatis exsiccati		ʒiss
	Pulveris rhei		
	do aloes	āā	gr. x
	do capsici		ʒss
	Extracti belladonnæ		gr. vj
	do nucis vomicæ		gr. x M.

Fiant pilulæ. cxx.

Sig.—Two pills three times daily for seven days, then two night and morning.

In most such cases there is hepatic or splenic derangement, or both, which should be well looked after, and probably otherwise treated. The anæmia frequently attending the above trouble, if of long standing, will be counteracted by the stimulant and tonic properties of said pills. The rhubarb, aloes, and belladonna may be thought by some to be out of place in an antiperiodic preparation, but I have generally found small doses of the same or similar ingredients, combined as above, of use in the attendant deranged secretions of the system, and especially so in counteracting the almost constant tendency to constipation, with more or less abdominal pain, when accompanying the trouble in question. John S. Aydelott, m.d.

Snow Hill, Md., January 31st, 1878.

[Another reply to the same inquiry is the following]:—

Dr. C. M. M., of Ohio, will find the following prescription admirably adapted to his case of quartan intermittent:—

℞.	Fluid ext. gelseminum (Tilden's),		
	Fowler's solution,	āā	℥ss. M.

Sig.—Fifteen drops in a little water, after each meal, increasing or decreasing the dose according to the effect upon the eyes. J. S. H.

Sumter, S. C.

Salicin in Rheumatism.

Ed. Med. and Surg. Reporter:—

Dr. Scherer's case, February number, reminds me of my own experience. From the age of twenty-one to forty I was subject to very severe and protracted attacks of inflammatory rheumatism, which would leave me in a very debilitated condition. I was advised to take quinine, but it invariably produced a relapse. I tried it a number of times (some five or six) before I could really believe it was the quinine. I have not had an attack of rheumatism for twenty years; within the last four or five years have taken five and ten grain doses of quinine without any bad effects. W. Gardiner, m. d.

Philadelphia, Feb. 3d, 1878.

—One of our dailies says that midnight funerals have become a necessity in Huntingdon, Pa., owing to the prevalence of small-pox.

NEWS AND MISCELLANY.

Items.

—In the case of hernia described page 81, 2, *inguinal* should be substituted for *femoral.*

—At the Pennsylvania Eye and Ear Infirmary, in the seventeen months ending December 31st, 1877, there have been gratuitously treated 1541 patients, of which number 1083 were for eye diseases, and 458 for ear diseases, with 1721 cases of diseases. The number of important operations performed in the Institute were 94; of minor, 156. The Institute will hereafter be known as the German Eye and Ear Infirmary. The officers of the Infirmary are :—Ch. H. Meyer, L. Westergaard, Dr. Fac. Aitkin Meigs, Dr. F. Koerner, Dr. H. Tiedemann, Prof. F. M. Maish, John D. Lankenau; Surgeon in charge, M. Landesberg, M.D.

—The details of the French census of December 31, 1876, lately published, show that in all the departments in which there was an increase in population it was solely in the towns. In May, 1872, the population was 36,102,921, and last December it was 36,905,788, an increase of but 2.17 per cent., and this, too, with an emigration of at least 100,000 from Alsace and Loraine into France. The birth rate in France is believed to be lower than that in any other civilized country.

—One thing, says an exchange, which ought to make all poor people contented with their poverty is the fact that there is little or no insanity among the poor. The discovery is never made that a poor man who dies or gets married was hopelessly and notoriously crazed, while the number of rich men found to have been in that condition is simply appalling.

Personal.

—The House Committee on Military Affairs has recommended that the President shall review the proceedings of the court-martial by which Ex-Surgeon General Wm. A. Hammond was dismissed from the military service of the United States, and otherwise disabled in the eye of the law, and that in the event of the reversal of the finding Dr. Hammond may be restored to his former rank as Surgeon-General on the retired list, but without pay for the past, present or future. His offence was, in one sense, simply technical, and the penalty was only justified by the sternness of military necessity. It is no more than just that a man faithful in so many things should have the opportunity to show that his record was clear.

—Dr. L. L. Way, of Suffield, Conn., is reported fatally ill. of hydrophobia. He was bitten slightly, December 28th, and thought nothing of it until Sunday, January 21st, when the symptoms of the disease appeared.

—Dr. Theodore Schmauser, of Pittsburg, tried for committing an abortion, was convicted last week. A motion for a new trial was entered.

QUERIES AND REPLIES.

Salicylic Acid.

A correspondent, in reply to J. P. T., p. 100, sends the following:—

R. Acidi salicylici, iv drachms
Potassæ acetatis, ij drachms
Vini colchici, j fl. drachm
Syrupi limonis, q. s. ad ij fl. ounces. M.

Sig.--Teaspoonful every two to four hours.

Treatment of Gout.

Dr. D. Mc B. asks us for the treatment which Dr. Reynolds refers to in his article quoted page 72. It is "by colchicum and saline aperients." He does not give more specific directions.

Well wisher questions the correctness of our criticism on p. 74. He says, "Is not *aquæ* in the genitive case governed by six ounces?" We would point out that the full sentence would read, *recipe aquam ad uncias sex,* which cannot possibly be construed if the genitive aquæ is used. The insertion of the *ad* makes the difference.

Subscriber.—"Do you consider hydrate of chloral an appropriate remedy in delirium tremens?"

Answer.—The following extract from Napheys' *Medical Therapeutics* (p. 576) answers the question: "It has been shown beyond reasonable doubt, by Dr. Madison Marsh, of Louisiana, and later by Dr. Earnest Magnan, of Paris, that drunkards do not bear chloral at all well. Its use by them, even in moderate doses, is liable to be followed by sudden death."

Dr. R. P. H., Pa.—Address the inventor, Cambridge, Mass.

Aqua.—So far as we know, no actual per centage of lithia salts has been determined in any American mineral springs. A "trace" is claimed in the analyses of several.

Matthias.—We are unable to speak positively of the stimulant effects of coca. The reports about it are extremely contradictory and vague.

MARRIAGES.

BARNETT—FOSTER.—On Thursday, January 24th, at the Church of Messiah, Brooklyn, by Rev. C. R. Baker, Dr. James P. Barnett and Helen A., daughter of Alonzo A. Foster, Esq., all of Brooklyn.

COOK—PERKINS.—In Barre, Vt., January 10th, by Rev. L. Tenney, Charles Henry Cook, M.D., of Natick, Mass., and Rosella S. Perkins, of Barre.

SINGER—JOHNSTON.—At the residence of the late John R. Johnston, Esq., on December 20th, 1877, by Rev. John M. Barnett, James J. Singer, M.D., and Miss Jennie Johnston, both of Connellsville, Pa.

BIRTH.

MEYER.—On January 26th, John Da Costa, son to Dr. L. G. and Jennie M. Meyer, of Pardoe, Pa.

DEATHS.

ANDREWS.—In New York city, on Saturday, Jan. 26th, 1878, Jarvis M. Andrews, M.D.

MAY.—On Friday, January 25th, in the 8th year of his age, of scarlet fever, Julian, son of Dr. J. Frederick and Sarah M. May.

MORGAN.—In Clarksburg, W. Va., on November 1st, Tully S., son of Dr. D. P. and A. R. Morgan, aged 3 years and 8 months, of diphtheritic croup.

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4th, It meets indications not met by that Salt.

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

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DR. E. R. DOUGLASS."

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DR. I. C. BARLOTT."

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REMITTANCES RECEIVED.

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THE
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No. 1094.] PHILADELPHIA, FEB. 16, 1878. [Vol. XXXVIII.—No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PULMONARY HEMORRHAGE.

Read before the Baltimore Medical and Surgical Society, November 22d, 1877,

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In the following paper on pulmonary hemorrhage I shall endeavor to give some of the prevailing views on the sources of hemorrhage from the lungs, independent of those occurring from tuberculous deposits and ulcerations; and also the relative value and bearing of this symptom upon the cause and development of phthisis. I shall not embrace within the scope of this paper the more practical points coming under the heads of symptoms, diagnosis, and treatment; at the same time I must ask the indulgence of this Society for presenting a paper so barren of features of practical interest.

Pulmonary hemorrhages are divided into two varieties: *bronchial* hemorrhages, or those occuring upon the free surface of the bronchi; and *parenchymatous* hemorrhages, the latter being divided into hemorrhagic infarction and pulmonary apoplexy. The first being limited, causing displacement but no destruction of lung tissue, while the latter is more diffuse, and involves destruction of lung tissue in the formation of cavities. Although we shall incidentally refer to all the forms of hæmoptysis, yet we invite more particular attention to bronchial hemorrhages and hemorrhagic infarctions, inasmuch as they offer the best explanation of certain violent and alarming hemorrhages occuring in individuals heretofore in apparently good health, and returning more or less frequently, and finally ceasing altogether, without any serious or permanent impairment of the general health. In small hemorrhages the blood corpuscles pass through the uninjured capillary walls; in large ones the loss of blood is through the ruptured vessels.

Bronchial hemorrhages are, for the most, the result of hyperæmic conditions of the bronchial mucous membrane. The most active causes in the production of this hyperæmia are acute bronchitis, whooping cough, the acute exanthemata, acute pneumonia, etc.; also by the effects of the inhalation of irritating gases, by the effects of extreme degrees of heat and cold, by severe strains and bodily exertion, and by over exertion of the respiratory organs in shouting, speaking, and singing. They are also caused by the deposit of tubercles in the bronchial mucous membrane and parenchyma of the lung.

Bronchial hemorrhages are the result of certain lesions of the heart, especially those involving obstruction at the mitral orifice. "Those lesions lead to hemorrhage by inducing pulmonary congestion." Morbid conditions of the blood, by entailing an impaired nutrition of the walls of the vessels, may lead to hemorrhage from the bronchial mucous membrane. There may be either rupture of the capillaries, arteries, or veins; and the seat of rupture may be located in either the bronchi, the walls of a cavity or the parenchyma of the lungs. It is easy to understand how the ulcerative and sloughing processes associated with phthisis, etc., by involving the integrity of the walls of the vessels, may operate in the causation of hemorrhage; aneurisms of small arteries, when opening into a cavity, may rupture and give rise to hemorrhage; in this way hemorrhage takes place, independent of the extension of the sloughing process to the walls of the vessels. The tendency to rupture in this case is increased, when there is an occlusion of one of the efferent branches, by the increase of the intra-vascular pressure which occurs during fits of coughing.

Bronchial hemorrhages are sometimes supposed to be due to cessation of the menses or vicarious menstruation, but as far as my observation goes this is a fiction of authors; at any rate it is not impossible to imagine the condition of acute hyperæmia of the bronchial mucous membrane that might ensue in a female of full habit whose menses have ceased, yet opposed to this is the fact that the cases of so-called vicarious menstruation occur most frequently in females who are delicate and anæmic, and it is a still more significant fact, that the menses are often, if not always, absent some time during the course of phthisis, especially during the last stages, yet a majority of these patients go to their graves without ever having a hemorrhage from their lungs. Of course it will be understood that only such cases of pulmonary hemorrhage are to be called "vicarious menstruation" as are associated with amenorrhœa, and that return at stated times once a month, and not at irregular periods and for two, three or more times during the same month. In most all cases where there is suppression of the catemenia followed by pulmonary hemorrhage, a careful examination of the lungs will reveal the existence of tuberculous deposits.

Certain changes in the lung tissue are important factors in the etiology of pulmonary hemorrhage. These are softness and looseness of the pulmonary parenchyma, the result of a chronic inflammatory condition or of anomalies of the vessels. Of the various causes leading to hemorrhage from the parenchyma of the lungs, hemorrhagic infarction is of the most etiological interest. According to Hertz, in Ziemssen's Miscellany, "hemorrhagic infarction presents a more or less extensive, generally cuneiform, sharply defined infiltration of blood situated in the hilus, or more often at the periphery of the lung."

Laënnec, Bochdalek, Dittrich and others, found infarction associated with heart disease, pulmonary emphysema, senile and early acquired atrophy of the lungs, and thrombosis of the peripheric veins of the body. The excellent researches of Virchow have proven beyond a doubt that pulmonary infarction is due to embolism, and that in the majority of cases its origin may be traced to that portion of the circulation which leads to the lungs, or to the right side of the heart, to the deploë of the skull, etc., or to the general venous circulation, excepting the portal system. The coagula in the right side of the heart is most always due to the disease of the mitral valves.

Prior to Virchow's investigations many conflicting views were advanced as to the source of an infarction, but since then his opinions have been fully confirmed by Rokitansky, Cohnheim, Wunderlich, Niemeyer, Gerhardt and others.

The exact mode of the formation of an infarction is still a matter of discussion. Niemeyer and Ludwig advance the explanation "that the tension within the artery below the point obstructed by the embolus is at first diminished, and that in consequence of the sluggishness of the stream thus produced, the blood corpuscles accumulate in and occlude the capillaries, and that the latter, acting then as blind appendices to the artery, cause the pressure within it to increase to such a degree that rupture takes place." Others locate the increased pressure and rupture in the collateral branches above an obstructed artery.

Cohnheim, by his ingenious experiments, has shown—

First. If an obstruction takes place the blood flows through the collateral branches given off below the obstruction with increased rapidity, and passes on to the capillaries, and no rupture takes place.

Second. If the blood becomes stagnant below and beyond the emboli, but if a branch is given off between the point of obstruction and the capillary area of the artery which anastomosis with another artery, the capillary area of the obstructed one may, without suffering any disturbance, be supplied through it with the necessary amount of blood, and no infarction result.

Third. But if this communicating branch be wanting, or if the artery is what Cohnheim calls a "terminal artery," complete stagnation takes place beyond the emboli, and after a while the blood flows back from the veins and capillaries of the free arteries to the veins and capillaries of the occluded one, and even to the occluded artery itself, and infarction results.

Hertz says, "in many cases of pulmonary

infarction with mitral insufficiency and obstruction the original thrombus is sought for in vain."

This is explained by anomalies in the vessels, arising partly from increased blood pressure and partly from imperfect nutrition and fatty degeneration of the finest arterioles; these changes going on from within outward, compromise the strength of the vessels, and rupture takes place.

Pulmonary apoplexy involves extensive extravasation and destruction of the lung tissue; it occurs from rupture of the larger vessels, generally traumatic, and does not always depend upon defective nutrition in the vascular walls.

Pulmonary hemorrhages are of especial interest, from the fact that they are most always accepted by both the profession and the laity as a forerunner or a symptom of phthisis. There is no symptom that occasions more alarm and anxiety to both the patient and his friends than a hemorrhage from the lungs, and it is most always taken as a sign of commencing consumption.

Louis, in his treatise on consumption, long ago concluded that this symptom is pathognomonic of phthisis, and his views have been accepted and entertained by many others; but of late years there has been a reaction in the opinions held on this subject, and it is now conceded that many cases of pulmonary hemorrhage do occur independent of a tuberculous history. I think all the members of this society can call to mind many cases in which a patient who is otherwise healthy and robust has been suddenly seized with a profuse hemorrhage, in whom a most careful examination fails to reveal the existence of tuberculous deposits, and whose history is perfectly free from a tuberculous taint. Nor is the history limited to this attack, for in such individuals the hemorrhages return once or more, and finally cease altogether, and the patient returns to perfect health and does not have a subsequent development of phthisis. As a case in point (and I have met with a number of others), a few years ago I was called to a gentleman who had repeated hemorrhages through the winter and spring, when they entirely ceased, and he has since enjoyed the best possible health. There has never been any evidence of the existence of tubercle.

Professor John Ware, in his paper on the value of "hemorrhage as a symptom," gives the results of a series of observations extending over a period of some forty years, and embracing 386 cases of hemorrhage from the lungs. An analysis of these cases shows 114 cases of complete recovery without a subsequent development of tuberculous disease. "Sylvius, Morton, Sydenham, Fr. Hoffmann, Boerhaave, Van Swieten, Andral and others, classed hæmoptysis among the causes" of consumption, but the teachings of Laënnec, on the other hand, served to dissipate these views, and to demonstrate that hemorrhage is only a result of disease of the lungs, and never the cause of consumption.

Lately, Niemeyer has advocated the old opinions held on this subject. He says "that after hæmoptysis occurring in individuals heretofore in good health, the blood, after escaping from the capillaries of the bronchi or alveoli, is drawn in by aspiration, and gives rise in the lungs to an inflammation, the products of which, by disintegration and cheesy metamorphosis, cause phthisis in a certain proportion of cases." Niemeyer bases his assertions upon such cases as the following would typify: A gentleman, aged 40, phthisical family, while apparently in good health, was seized with hæmoptysis, following which there was an infiltration of the upper lobe of the left lung, which resulted in disintegration, formation of cavities, and death. Hertz says "the perfect health of patients is a relative and subjective one." Many persons go about with a slight cough, finally they have an attack of hemorrhage, and are aroused from their indifference, and an examination reveals an old and unsuspected focus of disease in the lungs.

Buhl divides pneumonia into catarrhal (superficial), and desquamative (parenchymatous), and says that cheesy metamorphosis never originates in the former, but only in the latter; now, as blood extravasated into the alveoli of the lungs only gives rise to catarrhal pneumonia, hence, hemorrhage cannot thus be the cause of phthisis. That the extravasation of blood into the lungs only gives rise to catarrhal pneumonia, is fully proven by the experiments made on animals by Perl, and Lipman, Sommerbrodt, Lebert, Hertz, and others.

And it is a fact, fully susceptible of proof, that while collections of blood in the alveoli may exceptionally lead to caseous degeneration, yet the mass is speedily removed by absorption and expectoration, "without causing any real destruction of the alveolar and bronchial walls, in other words, phthisis."

It has been asserted by Lebert, that copious hemorrhages in the early stages of consumption are more favorable than very moderate ones, for the reason that the former deplete the affected lung of blood and favor the shrinking up of the existing foci of disease. But the weight of opinion seems to be against this view, for it is a well known fact that anæmic conditions favor the disintegration of tubercle.

The foregoing facts would seem to sustain the following conclusions:—

First. That many cases of pulmonary hemorrhage occur independent of a tuberculous history.

Second. That it is not of especial value as a symptom of phthisis; neither is it a cause of that disease.

Third. The occurrence of a hemorrhage from the lungs rather hastens than retards the progress of consumption.

THE CHILDREN'S SEASHORE HOUSE, AT ATLANTIC CITY, AND ITS CLINICAL TEACHINGS IN REGARD TO THE VALUE OF THE SEASHORE AS A RESORT FOR SICK CHILDREN.

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Presented by invitation, before the Philadelphia County Medical Society, at a Conversational Meeting, held December 19th, 1877, and read by Prof. Henry H. Smith, President of the Society.

"The Children's Seashore House, at Atlantic City, for Invalid Children," was inaugurated in a cottage at that place, by benevolent ladies and gentlemen of Philadelphia, in the summer of 1871. It was the first institution of the kind in America, and differing, as it does in many important particulars, from the seaside establishments abroad, it may claim to have been the first in the world. In the following summer the Institution was removed to its present location. It now occupies a large lot of ground facing the ocean. The buildings occupied by it are: 1st, a main building; 2d, sixteen small cottages, containing one room each; 3d, a large pavilion, and 4th, necessary out-buildings.

The main building consists of a central portion, two wings and a rear extension. The central portion is twenty-five feet wide and thirty feet deep, three stories high, and contains the general office, bed rooms of the physician in charge, matron, chief nurse and servants, the ward bath rooms, and a small ward containing seven beds. The wings are two stories in height. The one on the left of the entrance has, on the first floor, the ward for larger girls; and on the second floor, the ward for larger boys. The other wing has, on the first floor, the dining room; and on the second floor, the ward for smaller children of both sexes. Each of these four rooms is twenty feet wide by thirty feet long, with ceilings twelve feet high. The dining room will accommodate about one hundred at table. The wards are constructed to accommodate thirteen beds, but usually contain fourteen, thus allowing 514 cubic feet of air space for each child. As the Institution is open only in summer, no difficulty in ventilating is experienced, and there is at all times an absence of "hospital smell." Each of the wards is well lighted by eight large windows, five of which extend from the floor to the ceiling. These latter open on the piazzas which, on both floors, surround three sides of the house. The wards are furnished with iron bedsteads with woven wire mattresses, making most delightful beds for sick children. No pains or expense have been spared by the managers to make these rooms healthful, comfortable and attractive to the little inmates. Connected with each ward is the room of the nurse in charge of it. The rear extension of the main building contains a large servants' dining room, the kitchen and laundry.

The sixteen cottages are intended to accommodate children under three years of age, with their mothers. They are small, neat wooden structures, built, for the most part, in pairs. Each cottage has a single room with a cubic capacity of 1000 feet, and is designed for one mother, with either one or two children. Each cottage has two windows and a door in front, and at the back, opposite the door, a window extending from the floor to the eaves, thus giving ample light and ventilation. Each has two covered piazzas, one at the front and the other at the back, furnishing its occupant with a shady place out-doors, both morning and afternoon. Each is very comfortably furnished with a double iron bedstead having a woven wire mattress, chairs, table and rocking chair, and is connected with the main building by an electric bell. The pairs of cottages are arranged in two rows, one on each side of the spacious grounds between the main building and the ocean.

The pavilion is a substantial one-story building, twenty-five by fifty feet, erected as close to the surf as possible. It is designed as a play house for the children, and a rendezvous for mothers with sick infants, and for such older children as can only be moved about in coaches or wheel-chairs; but it has been so constructed that in an emergency it can be enclosed and used as a ward. It has in this way, during a portion of each of the last two summers, held twelve double beds, each accommodating a mother with one or two children. The total capacity of the Institution, when the pavilion is thus used, is about one hundred children and twenty-eight mothers.

In the absence of any municipal system of water supply or sewerage, the following arrangements have been adopted: The Institution is supplied with an abundance of excellent water, collected during the spring rains from slate roofs, and stored beneath the house in a brick cistern lined with cement, holding twenty thousand gallons. Hot and cold, fresh and salt water is conveyed by pipes to each of the bath rooms connected with the wards. The waste water of the laundry and kitchen is conducted to two large communicating cisterns in the rear of the building. The sides of these cisterns are cemented, but the floor of each is the native sand, through which the water sinks, and mingles with the brackish water which everywhere permeates the soil at the depth of one or two feet.

The excreta are received into a large cemented trough, cleansed annually. Earth closets were originally introduced into the house, but abandoned, as unsuitable.

The medical staff of the Institution consists of a consulting physician and a consulting surgeon, a physician in charge, and three examining physicians. The physician in charge resides in the Institution during the summer, and has charge of all its medical and sanitary arrangements. The examining physicians reside in Philadelphia, and examine all applicants for admission.

Any child suffering from a non-contagious disease, or from debility, and likely to be benefited by a short residence at the seashore, can be admitted. Children under three years of age must be accompanied by their mothers, but mothers are not admitted when the children are over that age. A charge of three dollars per week is made for a mother with either one or two children, and of two dollars per week for a child unaccompanied by its mother. These charges, which are less than half the actual cost, include all expenses except those for traveling. Railroad tickets are also furnished at very low rates. Many children are, on the order of the managers, received at a reduced rate, and not a few without charge. The length of time which each child remains in the Institution is determined by the physician in charge, according to the need of each case. It often does not exceed two weeks, but each year a number remain nearly the entire summer. The average length of stay of all cases last summer was nearly eighteen days.

During the four summers which the Institution has been under my charge 746 children have been admitted. Among these were cases of a large majority of the chronic diseases to which children are liable, and a few of their acute diseases. The experience of these four summers has shown that some of these diseases are usually made worse by a short stay at the seashore, others are uninfluenced by it, while still others are greatly benefited. In the first class are to be included most diseases of the skin, and the inflammatory diseases of the eye. The salt atmosphere and salt water in the one case, and the great glare of the sun reflected from the sea and sand in the other, seem only to aggravate the disorders. When, however, these troubles are of strumous origin, a long stay, by improving the general health, will, at times, improve the local disorder. The diseases which have been made neither better nor worse by their stay at the seashore, have, for the most part, been those whose downward progress is usually slow everywhere, such as valvular disease of the heart, progressive locomotor ataxia, incurable epilepsy, chronic Bright's disease, and the like.

The third class includes a very large number of diseases. My experience with some of them has been as follows. Many of the children admitted have been convalescents from acute sickness, or those suffering from loss of appetite, and debility resulting from hot weather and the stifling atmosphere of the small city houses. The change wrought in these cases by a few days at the seashore has been most marked, and in some instances almost marvelous. In consequence, partly, of the less liability to take cold at the seashore, it has seemed to be a specially desirable place for convalescents from scarlet fever. A number of such cases, sufficiently recovered to avoid the risk of contagion, have been admitted, and have all done well. Among these were two or three children suffering from acute Bright's disease, who rapidly recovered.

It has almost passed into a proverb, "that it is impossible to take cold at the seashore." This is, of course, an exaggeration. Coryza, tonsillitis, and bronchitis, have all, at times, originated in the Institution during the summer. But they are rare, and it is undoubtedly true that one can stand an amount of exposure at the seashore which would be hazardous elsewhere. It might, therefore, *à priori*, be supposed that affections of the mucous membrane of the respiratory organs would be benefited there, and such is found to be the fact. Chronic nasal and pharyngeal catarrh almost invariably improve. Whether they would often get entirely well by a long residence at the seashore, or not, I have not had sufficient experience to say, but from the improvement observed in the cases which I have seen, I believe that most excellent results might be hoped for by such prolonged residence.

In the subacute nasal and pharyngeal catarrh, so often met with in the spring as the result of repeated winter colds, a short stay at the seashore is often sufficient to effect a complete cure. Acute bronchitis has seemed to recover more rapidly than usual at the seashore, and much improvement has taken place in chronic cases. The experience with consumption in children has been too limited to draw any conclusion, but a single case having been admitted during the four years. This case spent three months in the Institution, without the slightest benefit, and improved a little in general health after her return to the city. From what I have seen, however, of the disease in adults at the seashore, I believe that in the early stages, before the breathing would be rendered more difficult in the moist atmosphere, the general health would usually be improved, and I would, therefore, not hesitate to receive such cases.

Residence at the seashore has frequently been recommended in cases of asthma. Doubtless a prolonged stay would be beneficial in nearly all cases, especially in those associated with chronic bronchitis. Cases taken to the seaside during a paroxysm frequently experience prompt relief. This is most commonly the case with hay asthma. On the other hand, it sometimes occurs that an attack originating at the seashore is at once relieved by a return to the city.

A large number of cases of disease of the hip-joint, Pott's disease of the spine, arthritis of knee, and diseases of other bones, are admitted every year. Nearly all of these cases do well; improving in appetite and flesh without the use of tonics. But although it has long been supposed that residence at the seashore was of peculiar advantage in diseases of strumous origin, I have not discovered in such of these cases as appeared to be of a strumous character any peculiar effect upon the local trouble beyond what would be expected from the marked improvement in general health which most of them experienced.

A number of cases of chorea have been admitted to the Institution. These also have improved in general health, and almost invariably also in their peculiar disease. In one or two cases this improvement seemed to be more marked than is usual in such cases in the same length of time. But the number of cases of marked improvement in comparison with the whole number admitted, was too small to warrant the belief that the seashore would have any special influence on this disease. Several cases of infantile paralysis have made a slow but steady improvement, during a long stay in the institution.

During the last four summers 142 children have been admitted to the Institution suffering with some form of diarrhœa. Nearly all of these cases have been children under three years of age, and as anything which tends to reduce the large summer mortality among infants is of public interest, I may be pardoned for giving a somewhat detailed account of the manner in which such children have been cared for, and the results of this treatment of them. Such young children cannot, of course, be separated from their mothers. Consequently, in the latter part of the summer of 1874 two of the little cottages already described were erected, and four mothers, with their infants, were admitted to the Institution. This plan, of receiving mothers, was found to have no insurmountable difficulties connected with it, and the following year eight more cottages were built. The next year accommodations for twelve mothers, with infants, were provided for in the pavilion described, and during the past summer six more cottages were built, thus, in all, providing for twenty-eight mothers.

A series of detached cottages is a less convenient arrangement, in the matter of administration, than one large building would be, but the following great advantages more than counterbalance this inconvenience.

First. Detached cottages admit of better discipline. Mothers of the class admitted, when brought together in large numbers, are liable to quarrel among themselves, and the risk of this is much increased when they bring older children with them. Where each mother has her own domain few troubles of this sort arise.

Second. Where each mother is responsible for the orderliness of her own house, a much greater degree of neatness can be maintained, than where a number are responsible for the condition of a common room or building.

Third. The separation of patients affords better hygienic conditions, and renders less likely the spread of a contagious disease, should a case of such be accidentally admitted, or originate in the Institution. On one occasion a case of diphtheria was admitted, and could not be discharged until the following day. But no second case occurred in consequence. This would, in all probability, have occurred, had it not been for the isolation afforded by the use of a cottage. During the past summer, thrush, which is so fatal a malady in institutions for sick children abroad, made its appearance, but did not attack more than half a dozen children, and these were not seriously affected by it.

Fourth. It would hardly be possible, in any other way than by the use of detached cottages, to prevent the noise of a sick, crying child from keeping all the other children awake at night. In an institution in which there is scarcely a night without such a child, this is a most important consideration.

Fifth. By affording each mother the privacy of her own home, a much more respectable and deserving class of persons can be reached and benefited, than would be the case were a number of mothers placed together in a common ward.

Sixth. Where there is ample ground, detached cottages, of the character employed, cost less than a large permanent structure.

The experience of two summers with the pavilion referred to, used as a ward for mothers, shows that the advantages above mentioned are very practical ones. It is better, perhaps, that mothers with sick infants should be brought together in a large, cool, airy room, by the seaside, than that their children should suffer in the small, close houses of the hot city. But the disadvantages of putting a number of mothers with sick children together have been so apparent to all those who have watched the workings of the Institution, that it is the common feeling that some other provision must be made for those who cannot be accommodated in the cottages already built, and the pavilion given up entirely to the purpose for which it was originally constructed.

These mothers do their own washing and housework, but have their meals provided for them in the main building. They are under the supervision of an intelligent nurse, who devotes her whole attention to this portion of the work of the Institution. The cottages are inspected by her several times each day, and the strictest neatness enforced. The nurse also superintends the preparation and distribution of the infants' food. The principal diet is as follows: condensed milk, fresh milk with bread, condensed milk thickened with arrow root, or one of the brands of prepared wheat, beef tea, chicken soup. Condensed milk is used, not from preference, but from necessity.

(To be Continued.)

HOSPITAL REPORTS.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROFESSOR T. GAILLARD THOMAS, FOR DISEASES OF WOMEN.

REPORTED BY P. BRYNBERG PORTER, M.D.

Laceration of the Cervix, Retroflexion, Areolar Hyperplasia.

GENTLEMEN—When you get into practice, if you have not already done so, you will not unfrequently hear it charged against gynecology, and those who practice it, that a great deal is done for patients in the way of palliation, but that they are not cured. This opinion is prevalent, to a certain extent, even among the profession, so that it is not uncommon for sincere and good physicians to believe that no real good can be accomplished by it, and to tell their patients, "Once begin having your womb attended to, and you will find it a trouble that never ends. These doctors who do that sort of practice cannot cure you, and if you once commence with them, you will find that the treatment will never be over." This charge is utterly without foundation, as made against the modern gynecologist. It may, perhaps, have been true fifty years ago; but at the present day I really believe that a larger percentage of cures, and more good results in every way, are obtained in the practice of gynecology than in any other department of medicine or surgery whatever. Perhaps many will not agree with me in such a statement, and I may possibly be mistaken; but I am just as sincere in this opinion as the gentlemen of whom I spoke, who think that no cures are made by it, are in theirs.

Now, what has all this to do with the patient before us? Before long it will become apparent. The patient is, without doubt, a very sick woman, and if she were a lady in the higher walks of life, she would, in all probability, spend the greater part of her time in bed, or certainly upon a lounge. Yet, notwithstanding the fact that she is so ill, I am perfectly sure that if the proper treatment were pursued in the case, she might be discharged, entirely well, in from four to six months.

The name of the patient (for whose coming here to-day we are indebted to Dr. M. D. Mann) is Nora M., a native of Ireland, and forty-three years of age. She is a married woman, and has had eight children, but no miscarriages. The last child was born five and a half years ago. Let us now get her history from her own lips. How long have you been sick, Mrs. M.? "Fourteen years." (During these fourteen years she informs me that she has had three children). What has been your chief complaint? "Pain in the back." Has this pain been constant? "I always feel it more in the morning." Then it grows easier afterward? "Yes, except when I stoop over; then it hurts me so much that I can hardly get up again." Do you ever have to lie down through the day, on account of it? "I should like to do so, but have no time, on account of my work." (Very likely the best thing that could have happened to her has been this constant necessity of working; and if it had not existed, no doubt her whole constitution would have become greatly enfeebled by her habitual inaction). What else have you suffered from? "Pain in the side." (You observe that she places her hand over the region of the left ovary and broad ligament). Have you any pain anywhere else? "In the back of the head." (This nuchal pain is very common, in connection with backache, in many uterine disorders). Have you any other trouble; are you regular as regards your monthly sickness? "I lose too much blood." More than you used to, fourteen years ago? "Yes, a great deal more." Do you have to stay in bed at the time of your sickness? "No; I have no time for that." (These answers are, you observe, quite sufficient to direct our attention toward the pelvic viscera; but before proceeding to make an examination of the latter, let us put a few direct questions). Do you have the whites at all? "Yes, all the time." Do you have any trouble with your bowels? "Only at the time of my monthly sickness?" What is wrong with them then? "I have cramps in my stomach, and diarrhœa." Do you have any trouble with your bladder? "Not that I know of."

Now let me tell you what a physical examination reveals. The patient was placed on her back, and on passing my finger into the vagina, I encountered something which felt very much like what this model represents, a large post-uterine fibroid. There was a mass of considerable size back of the cervix, and my assistant, who examined the patient before I did, also remarked that it felt exactly like a fibroid. Presently I got my finger into a distinct notch just behind the cervix, between it and the mass, and then the picture that I formed in my mind was very decidedly that of a post-uterine fibroid. This, you will understand, was a very natural supposition, for the presence of such a tumor was quite sufficient to explain all the prominent symptoms, viz: first, backache; second, leucorrhœa; third, menorrhagia; fourth, pain in the side; and fifth, sterility, lasting for five and a half years. If the examination had been allowed to rest here, the diagnosis would have been an utterly erroneous one; but I now resorted to conjoined manipulation, and soon found, in this way, that there was no hard mass at all in the position which ought normally to be occupied by the body of the uterus, consequently, the picture in my mind's eye now underwent a complete change, so that, instead of a post-uterine fibroid, I began to feel confident that I had a retroflexed uterus to deal with. In this case the abdominal walls are exceedingly lax, and in a short time I was able to make out positively that the uterus was bent backward. The question then presented itself, is this simply an enlarged uterus retroflexed, or is it an enlarged uterus with a fibroid connected with it? It would not be expected of an inexperienced gynecologist that he should be able to determine such a point as this; but, after careful manipulation, I found that the presence of a fibroid could be excluded altogether. The tumor was somewhat too soft in character for fibroid, and pressure upon it gave the patient a great deal more pain than is usually the case with fibroids.

In order to complete the diagnosis, the patient was placed on her side, and the speculum employed; when, on passing the uterine probe, it was found to go directly downward, into the cavity of the displaced organ. This rendered the diagnosis certain, viz.: retroflexion, with hyperplasia of the uterus. This hyperplasia is undoubtedly the result of the malposition, which has interfered with the circulation of the uterus by preventing the return of venous blood. What has taken place here is analogous to the phenomena observed when a string is tied tightly around the finger; it at once begins to swell, because the venous blood cannot get back, while the arterial supply still continues the same. This is exactly the condition which has existed in this uterus for years. It seems probable, from the patient's account, that she has become pregnant three times while it was in this position and state. If this is the case, the organ has undoubtedly become straight at the time of each utero-gestation, and then, after parturition, gone back to its former condition of retroflexion. It is possible, however, that the latter may have occurred only after the birth of the last child.

But this retroflexion and hyperplasia are not all. The examination revealed, in addition, a very severe laceration of the neck of the uterus, which extended all the way up to the vaginal juncture. If it had gone but a short distance further the patient's life would have been endangered, by the opening of the peritoneal cavity. The pain in the side is amply accounted for by this laceration, whose edges are raw and ulcerated, and continually pour forth a profuse and unhealthy discharge. When you have menorrhagia, and the concomitant phenomena observed in this case, laceration of the cervix, retroflexion and hyperplasia, you can always feel pretty confident that, by means of the curette, you can draw out from the cavity of the uterus a minute polypus, or rather fungoid growth, which is the immediate cause of the menorrhagia. Such growths are, in reality, simply the natural elements of the uterine mucous membrane in a state of hypertrophy.

Now, having made the diagnosis of (1) retroflexion of the uterus, (2) hyperplasia of the uterus, (3) laceration of the cervix uteri, and (4) fungoid degeneration of the lining membrane of the uterus (which, you observe, is rather a complicated state of affairs), I am quite willing to repeat the statement which I made at the outset, viz, that this patient can be completely cured in from four to six months. How is this to be done, and where shall we commence with our treatment? In the first place, we must remove the constriction, as it were, just as we would, first of all, remove the string from a finger which had become swollen and inflamed by reason of such a constriction. The removal of the compressing force which is now acting upon the uterus would be accomplished by introducing two fingers into the vagina, and pushing up the fundus into its normal position; after which it would be necessary to retain it there by some appropriate appliance, such as a pessary. When this has been done, the first great step towards restoring the circulation of the uterus to its normal condition will have been accomplished. The patient should then remain perfectly quiet, using frequent large vaginal injections of warm water, and at the end of two weeks she would probably say that she was beginning to feel somewhat better, the backache, from which she has been suffering for so long, being a good deal relieved. So at the next menstrual period the flow of blood would be a little less than heretofore, because the congestion would have been diminished. I am certainly convinced that this is a better plan than to apply leeches to the cervix, and a blister externally; at the same time resorting to a "gentle course of mercury," or some other absorbent. Such a method of treatment would be just as philosophical as to resort to the same course in case you had a finger congested and inflamed by a string tied tightly around it, as before alluded to, by way of illustration. When, year after year, I find these cases getting well, under the treatment which I am now detailing to you, I cannot doubt that it is really the true method.

If you should find the uterus so tender that it cannot bear a hard pessary at first, do not put one in until you have prepared it, by an appropriate course of treatment. The dentist does not put a gold filling in a tooth which is exquisitely sensitive, on account of the exposure of the nerve, until he has employed the proper means for making it ready for such a filling. In two weeks the whole cavity of the uterus should be carefully scraped out, with the copper-wire curette. I have repeatedly performed this little operation by means of a lady's hair pin, held with a pair of forceps; particularly in consultations out of town, when I did not happen to have a curette with me. A hair pin answers very well when you have nothing else convenient, but the curette is, of course, better; it has no cutting edge, and is so easily bent that no harm can be done with it, even if the operator should use it a little more roughly than is necessary.

At the end of two weeks more there would also be a marked diminution of the leucorrhœa, because the lining membrane of the uterus would not be so turgescent and angry; while at the next menstrual epoch the amount of blood lost would be very markedly less. Her whole condition would now be greatly improved, but she would still be far from well. In a fortnight more the everted edges of the lacerated cervix should be pared, turned in and approximated, when silver-wire sutures should be put in, to hold them in position. At the end of eight or nine days the sutures could be removed, and by that time it would be found that the leucorrhœa would be still more diminished, just as certainly as the discharge from the eyelid is diminished after the operation for ectropion. In the meanwhile the improvement in every respect would continue, the backache growing less and less, and the cramps and diarrhœa at the monthly periods disappearing. The uterus would now be normal in size and position; but the patient would not yet be cured. No woman can be said to be cured while she has to wear a pessary. In from four to six months from the beginning of the treatment, however, she could, no doubt, safely have the pessary removed; after which it would only be necessary for the physician to keep a careful watch, lest the retroflexion should begin to recur.

Lacerated Cervix. First Stage of Prolapsus Uteri.

The second patient to-day is Caroline C., forty-one years of age, and a native of Germany. She has been married twelve years, and has had four children and four miscarriages. The last pregnancy occurred twenty-two months ago, when she gave birth to a child at full term, and she has never been well since that time. What have you complained of since the birth of your last child? "For one thing, I have had a sick headache twice every week." Did you not have that before? "I only had it about once a month before the child was born." What else do you suffer from? "Pain in the back." Do you have it all the time? "Yes, and a dragging kind of feeling, too." Where is that situated? "In my back and low down in my stomach." Do you have any bearing-down pains? "Yes." Is there anything else you complain off? "I notice something hard coming down in the front passage, and think it is my womb trying to get out." Does it seem to pain you? "Yes, there is a great dragging there all the time." Can you walk as well as you used to? "O no, it troubles me a great deal to walk." Do you ever have to lie down? "I have no time to do that." Do you suffer from anything else? "I feel like passing my water all the time, and sometimes only a drop or two comes; but sometimes it runs away freely, without my being able to stop it." (I wish you to notice the symptoms connected with the bladder particularly, in this case, gentlemen.) Is there anything else? "I have a white discharge." Do you suffer much at your monthly periods? "No."

In the preceding case I made the statement that I felt certain that I could cure the patient in from four to six months. In this instance I will not say that I can cure the woman, but that I can entirely relieve her within one month. I would not promise a cure here. You remember that one week ago to-day we had a case of complete procidentia uteri. When I asked the patient what she suffered from, she at once told me, "falling of the womb;" and when I asked her what symptoms she complained of, you will perhaps recall her answer, "Nothing at all, except the rubbing when I walk or do any work." Yet the entire uterus, and a considerable part of both the bladder and rectum, were outside of her body. At that time, you will remember, I told you how much more women suffer in the first than in the third stage of prolapsus, and that I hoped to be able soon to show you a case of the former. Such a case is the one now before you. The patient has never seen her uterus, like the one who was here last week, but it feels to her all the time as if it would like to come out of the body. She is a hard-working German woman, who would be very unlikely to be troubled with any imaginary difficulty, and yet she is scarcely able to carry herself about, on account of the pain and sense of dragging caused by this uterus in the first stage of prolapse.

When I made a vaginal examination, I at first felt only the wall of the uterus, and in order to get at the cervix it was necessary to carry the finger away back toward the rectum. In other words, the uterus had fallen clear down in the pelvis. On conjoined manipulation I found that it was not flexed at all, and not greatly enlarged, but that it had simply slipped down, in very much the direction of its normal axis. With my finger I pushed it up into its proper position (which gave the patient considerable pain), and I then discovered two things, first, that there was an extensive laceration on one side of the cervix, and second, complete laxity and want of tone about the perineum. At first I thought the latter had been torn through to the anus, but I soon ascertained that it was really complete, with the exception of the fourchette, which is always ruptured in childbirth. I next made an examination of the bladder, from disorder of which the patient is suffering so severely, and found that it had been dragged down, to a considerable extent, with the uterus. This organ was, no doubt, entirely normal until it was pulled upon by the descending uterus, when its shape became altered in such a manner that after micturition there is always left a residuum of urine, which it is impossible for the patient to get rid of. Nature tries, indeed, to get rid of it, but the effort causes the woman to have what is known as vesical tenesmus. In consequence of this she suffers the greatest agony. Yet you remember the other patient, with the most aggravated form of prolapse of the bladder, as well as of the uterus and rectum, and yet complained of nothing.

What has been the pathological history of this case? After the birth of the woman's last child the uterus did not undergo complete involution, this being interfered with by the laceration of the cervix, which had, no doubt, occurred during the labor. The prolapsus was, therefore, due to, First. Increase of the weight of the uterus. Second. Pressure from above; every act of vesical tenesmus forcing the organ down. Third. Direct traction; the bladder always containing about an ounce of urine, and so dragging the uterus down by its weight. Fourth. The giving way of the uterine ligaments, which have now probably become entirely exhausted, by the constant strain which has been kept up upon them ever since the uterus began to descend. Unless some interference is made in the case, these forces will go on acting until the third stage of prolapsus is reached, and the organ is entirely outside of the body.

It is, therefore, of great importance that treatment should be instituted at once. For this to be successful there is one primary point required, which is absolutely essential, and that is, that the patient should have perfect rest for a time. If she is going to continue to lift heavy wash tubs, and attend to all her household duties, she ought to be told at once that it will be utterly impossible to cure her. If she were the patient of any one of you, you ought by no means to hold yourself responsible for the success of the treatment, unless she should promise to remain entirely quiet, and faithfully keep her word. It is like holding one's self responsible for a good result in the case of a broken thigh, while the patient is permitted to go hobbling about wherever he chooses. Many a good practitioner has got himself into a great deal of trouble by this very thing, of compromising with a patient, through lack of firmness, in regard to a fractured limb, while, if the patient had remained perfectly quiet, as he was directed, there would have been no deformity whatever resulting. This woman, then, should be made to go to bed, and be put upon a course of mild cathartics, so as to completely unload the bowels, which is a matter of the greatest importance here. Most persons, perhaps, have a passage every day, but it is never a complete evacuation of the whole intestinal tract. You remember the immense length of the intestines, six or eight times that of the entire body, and even after the freest alvine discharge there is always left a large residuum of fecal matter. At the same time very warm and copious vaginal injections should be frequently employed, in order to diminish the engorgement of the uterus and its appendages. It is also a good plan, in some cases, to elevate the foot of the bedstead a foot or eighteen inches from the floor, which brings the force of gravity into play, the uterus thus having a tendency to fall back into its normal position, simply by its own weight.

In two or three days the vagina should be thoroughly tamponed with cotton saturated with glycerine and carbolized water; the carbolic acid being employed for the purpose of avoiding the frequent changing of the dressing, which would otherwise be necessary. In this way the uterine ligaments will become relaxed, and the glycerine will have a marked effect in still further reducing the congestion of the cervix and vagina; so that a venous return will once more be allowed for the blood, and the whole circulation equalized. The cotton tampon should be changed once in every twenty-four hours; and in a short time it will be found that the uterus, which has been so long prolapsed, is almost willing to remain up in its proper place. After eight or ten days have elapsed, it would be advisable to close up the laceration of the cervix in the same manner as in the last case presented at the clinic. This would remove a focus of irritation, as in the other case, would cause the uterus to become much lighter, and would prepare it for what is to come afterward. When the wound has entirely healed, and the sutures have been removed, a hard-rubber pessary, such as I have so often had occasion to show you, with a cup to receive the cervix and a stem whose two branches are attached to an abdominal belt, by means of elastic bands, should be introduced. For a week longer the patient should remain in bed, and then she might begin to sit up. In the meanwhile, it should be seen to that she had an alvine evacuation every day, and the vaginal injections ought still to be continued. In the course of a month or six weeks from the beginning of the treatment the patient would feel a vast deal better; and perhaps this is all the attention that she would require. You understand, however, that it would be necessary for her to wear the pessary constantly; for if it were left off, the uterus would probably soon begin to slip down again.

If the patient objected to thus wearing a pessary all the time, the perineum might be restored by operation. "But," I hear somebody say, "the perineum has never been ruptured." No, it has not; but it is still an utterly worthless one, and therefore, if we are to get along without a pessary, it will be necessary to put in a new perineal body. After a month longer, then, perineorrhaphy would be performed; and then I would feel almost certain of a cure. It might not, perhaps, be a complete cure; but the method described would, at all events, offer the best possible chance of supporting the uterus in its normal position, and of preventing prolapsus in the future.

Intra-Uterine Fibroid, Causing Complete Inversion of Uterus and Vagina.

A short time since I mentioned to you a case of supposed fibrous tumor, hanging from the vagina, which I recently saw at Mendham, New Jersey; and as I have had a good many inquiries put to me in reference to it, I will occupy the few minutes of the hour that remain with some little account of it. When I came to make a careful examination of it, I could not find any vagina at all; the tumor growing from the whole outlet of the pelvis, that is, all the portion around the rami of the ischia, the coccyx and the pubes. It presented exactly the appearance represented in this diagram which I show you, hanging far down between the legs, and terminating in a round nodule with a pedicle attaching it to the rest of the mass. On pushing the tumor up, it became evident to me that the lower portion of it, to which the nodule was hanging, was in reality the uterus completely inverted; while the upper part was the inverted vagina.

The history of the case was, that thirteen years ago the woman had borne a child, and that three years ago, she began to suffer from menorrhagia. After a time she also had metrorrhagia, and then she noticed that she had falling of the womb. This continued to increase until the mass outside of the body presented the appearance described. When I saw it, it measured perhaps ten or eleven inches, altogether, the vagina being about four and a half inches, the uterus about three and a half inches, and the nodule about two and a half inches in length. This nodule was a uterine fibroid, and was the sole cause of the trouble. The method by which it produced the remarkable condition noted was this. Three years ago there was in this patient's uterus a submucous fibroid, attached to the fundus. On account of the constant congestion which its presence was the means of exciting, it gradually became heavier and heavier, until, at length, it began to sink, and to drag the fundus down along with it, thus inverting the organ, as one frequently does the finger of a glove in drawing it off the hand. An inverted uterus is simply a uterus turned inside out, and this homely phrase describes the condition a great deal better than any more elegant expression. It is certainly the only satisfactory definition of inversion of the uterus.

But this was not all that took place, for I could not feel where the cervix was situated, nor where the vagina commenced. Notwithstanding the inversion of her uterus, the woman still went, as usual, about her work, which consisted in milking cows and attending to various matters about the farm, as well as in general household labor within doors. Accordingly, the vagina was also inverted, and dragged outside the body by the combined weight of the uterus and the fibroid; and when I saw the patient I found her bleeding to death, in consequence of this condition. Her pulse was up to 140, and she was so much exhausted that I debated for a considerable time whether it would be safe to put her under the influence of ether. If I had had chloroform with me, I think I should have preferred it in this instance. Her tongue was extremely red and glazed in appearance, and upon the mouth and lips was a growth of thrush, or what the French call *muguet*. Having anæsthetized her with ether, I separated the pedicle of the tumor by means of a spoon, having a serrated edge, made expressly for the removal of fibroids. In less than thirty seconds the large, round mass fell into my hand, and the operation was accompanied by little or no hemorrhage. I then gently pushed up the fundus, and succeeded in reducing the inversion of the uterus, and restoring both it and the vagina to their normal positions.

Her physician lived seven and a half miles away, and so we thoroughly tamponed the vagina, until he could procure an elastic air-bag for her. When this arrived, she was instructed to fill it with air or water every morning and evening, the bag being held in position by means of a broad strap of adhesive plaster passing from the small of the back, over the perineum, to the umbilicus, with two openings cut in it; one for the passage of urine, and one to admit the flexible tube by which the air-pessary was filled. The patient proved to be a very obstinate woman, and, accordingly, in the course of a week or two, when she found that she was getting along pretty well, she got up and went about her work, in the same manner in which she had always been accustomed to doing, in spite of all protests that were made. It is a great point in her favor, however, that she is fifty-two years old; so that we may expect the menopause almost immediately, when the uterus will become atrophied, and will hardly be likely to become prolapsed or inverted again. At present she has no uterine hemorrhage whatever, and she declares that she is perfectly competent to attend to all her affairs. She has already discarded the pessary, and refuses all other treatment, as entirely unnecessary.

EDITORIAL DEPARTMENT.

PERISCOPE.

Peculiar Varieties of Hydrocele of the Cord.

In a paper before the Royal Medical and Chirurgical Society, London, October, 1878, by Mr. Furneaux Jordan, the author commenced by enumerating the different varieties of hydroceles in the scrotum and their various combinations. He then referred to the origin of hydroceles of the cord, to which he limited his remarks. He considered them due to an imperfect obliteration of the peritoneal prolongation, which took place along the cord from the internal inguinal ring to a point a little above the testis. This obliteration began at two points, at the ring and near the testis; and if it were incomplete, fluid might collect in the unobliterated space, forming a spherical enlargement, which was movable from the testis. Transparency was present, but was distinguished with difficulty, unless in the lithotomy position. The disease was most frequent in early life, and was called "encysted hydrocele of the cord," probably to distinguish it from the so-called "diffused variety." Of the two peculiar varieties now referred to, the first was a so-called encysted hydrocele of the cord, connected with the abdominal cavity by a long, fine tube; the second was an encysted hydrocele of the cord with a fine tubular prolongation upward, which ceased near the external ring, not connected with the abdomen. The point of interest in the first case was the communication of the hydrocele with the abdominal cavity, by means of a fine tube of unobliterated serous membrane; in the second, the existence of a tubular prolongation running upward, but ending in a blind extremity outside the inguinal ring. In the first case a truss was applied; in the second case acupuncture was resorted to, and proved successful after two or three repetitions. The globular collection of fluid, with the neck-like prolongation, suggested for it the name of "water-bottle hydrocele of the cord."

The Catgut Ligature.

The *Lancet* remarks:—

The use of catgut ligatures has been lately revived, chiefly in consequence of the efforts made by Prof. Lister and others to discover a mode of dressing wounds whereby suppuration may be prevented, and repair by adhesive inflammation promoted. One of the essential conditions for the success of all attempts of this nature being to protect the wound as far as possible from all disturbing influences, and to rid it of irritating particles, endeavors have been made to obtain some material for the ligature that will not act as a foreign body, and set up inflammation when buried in the tissues. Catgut ligatures are, therefore, now largely employed in surgical practice. In order to obviate the objections which belong to the catgut ligature, in its ordinary form, Prof. Lister subjects the ligature to long immersion in oil and carbolic acid; and when treated in this way, it is said to be but slowly affected by moisture, and is consequently safer, being less liable to become prematurely softened. Many conflicting verdicts have been already delivered, on the merits of the carbolized catgut ligature, but no statements have yet been published sufficient to justify a formal judgment. On the one hand, it is alleged that the ligature is perfectly safe, and that when it fails, it does so either from carelessness in applying it or from some fault in the preparation of the material; while on the other it is affirmed that secondary hemorrhage is unusually frequent after the use of the carbolized catgut ligature, notwithstanding the exercise of the greatest care in applying it and the strictest attention to antiseptic precautions.

The Localization of Diseased Action in the Œsophagus.

Dr. Harrison Allen, of Philadelphia, has an article on this subject, in the Philadelphia *Medical Times.* He combats the usual opinions on this topic, and reaches the following conclusions:—

1. Foreign bodies are liable to be retained at the beginning of the œsophagus, behind the cricoid cartilage.
2. Passing this point, they do not, as a rule, reach the cardiac end, or "lower part," but are apt to be lodged just above the left bronchus, as it crosses the œsophagus.
3. The cricoid region is exceedingly liable to invasion, and if the disease extends thence downward it is often limited by the left bronchus.
4. It is probable that diseased action may occasionally originate at the point of greatest narrowing of the thoracic portion, viz., just below the superior thoracic aperture.
5. The region of the left bronchus is very frequently attacked, the disease commencing either behind or just below it, and extending thence downward.
6. The cardiac end of the œsophagus is less frequently attacked than either the cricoid or bronchial portions.
7. Resistance at or near the left bronchus can be detected by a probang meeting resistance at eleven inches from the teeth.
8. The dangers attending the forcible use of the probang below the region of the cricoid become more manifest when the relations of the left bronchus are borne in mind.

The Action of Hydrocyanic Acid on the Blood.

Drs. A. Hiller and Wagner, according to the *Lancet*, have recently undertaken an extensive series of researches on the action of hydrocyanic acid on the blood. They first examined the spectroscopic behavior of the blood of the poisoned animal; secondly, analyzed the gases of the blood; and thirdly, determined the amount of nitrogen excreted by the kidneys when frequently repeated doses were administered. The earlier spectroscopic researches of the blood in cyanic-acid poisoning, by Gaehtgens, Preyer, and others, seemed to show that the blood spectrum was not materially altered. Hiller and Wagner, however, examined the blood, not only on withdrawal, but in the vessels themselves of the mesentery. The conclusions at which they have arrived are—First, that the position and intensity of the absorption bands of the oxyhæmoglobin actually circulating in the vessels are precisely the same as in the blood after its withdrawal, providing the thickness of the layer is the same. Secondly, that portion of the spectrum lying between C and E cannot be investigated, because sufficient compression could not be exerted on the vessels (without disturbing the circulation) to obtain a layer of sufficient transparency. Thirdly, poisoning with hydrocyanic acid only rendered the absorption of the two oxyhæmoglobin bands feebler—that is to say, made the blood more transparent for these rays. Fourthly, the two oxyhæmoglobin bands remain visible for at least twenty-four hours, in blood abstracted from the dead body of the animal. The oxyhæmoglobin, therefore, does not disappear from the blood in consequence of hydrocyanic poisoning. It follows that death is not referable to any abstraction or driving out of oxygen, as occurs in carbonic-oxide poisoning; there can be no doubt, however, that the interchange of oxygen between the blood and the tissues is interfered with, and as the introduction of fresh oxygen into the blood is lessened, the whole series of oxydizing processes are diminished, or altogether arrested. This is supported by the fact made out by Gaehtgens, that not only the absorption of oxygen, but the elimination of CO_2, is diminished in hydrocyanic acid poisoning.

REVIEWS AND BOOK NOTICES

NOTES ON CURRENT MEDICAL LITERATURE.

——The Virginia *Medical Monthly*, January, 1878, contains the Transactions of the Medical Society of Virginia, at its annual meeting in October 1877. These embrace the address of the President, Dr. James L. Cabell; an address on the study of medicine, by Dr. W. C. N. Randolph; reports on the advances in chemistry, by Dr. M. G. Ellzey; in obstetrics, by Dr. R. J. Preston; in the practice of medicine, by Dr. John S. Apperson; and in hygiene and public health, by Dr. L. S. Joynes (quite full and carefully prepared). Dr. J. S. Wellford has a special report on poisoning by custards and ice creams, a subject which has attracted much attention in Philadelphia also. Dr. John R. Page contributes a valuable paper on the epidemic zymotic diseases of animals, well worth the attention of country practitioners. Another noticeably careful study is that on cardiac thrombosis, or heart clot, based on a number of cases and experiments, by Dr. Martin L. James, of Richmond. Other papers are by Dr. William Selden, on bony union of fracture of the neck of the femur within the capsule; and on iodoform as a local remedy in ulcers, by Dr. J. E. Chancellor. The *Monthly* gives a handsome engraving of Dr. L. E. Sayre, with a sketch of his life.

——In an essay on "Malaria and Struma," by Dr. L. P. Yandell, Jr., this writer undertakes to trace to these two factors nearly all diseases of the skin. He acknowledges that his disciples are few, if any, as yet, but battles manfully for what he deems the correct theory. To our mind struma, or scrofulosis, is as yet too vague a term, the pathological conditions it designates, and their etiology and history too uncertain, to justify such sweeping use of it. Malaria, on the other hand, may often be associated with skin diseases; but there is no sort of question that many of those classed as of malarious origin, by Dr. Yandell, are present where it does not and cannot exist, as, for instance, north of the isotherm of 40° Fahr.; nor is it quite fair to the Bostonians for Dr. Y. to insist that their city is malarious because certain skin diseases are found there. Such reasoning will never convince the logicians of the hub.

——Stricker's *Medicinische Jahrbücher*, for 1877, complete for the year, are now before us, in four numbers, making a volume of about 580 pages. This publication enjoys a wide popularity in Germany. It is not a synopsis or compendium of the advance in medical science, but a collection of essays in various departments, practical and theoretical. Of the former character, we would single out in the present volume an article on exanthematic typhus, by Dr. L. Oser; on the arsenical treatment of lymphatic glandular tumors, by Dr. Winiwarter; and on the hypodermic mercurial treatment of syphilis, by Dr. Neumann. There are other well written papers on the pneumatic treatment of disease; on the innervation of the uterus; on urethral gonorrhœa; on the pathological anatomy of the cerebral vessels; on traumatic luxations of the new-born; on argyria; on hermaphrodism, and others. The work is published by W. Braumüller, of Vienna, at 12 florins yearly, and can be ordered through this office or any German importing bookseller.

——In a reprint from the New York *Medical Journal*, Dr. Robert F. Weir gives a minute description of Lister's antiseptic treatment of wounds, and claims it to be the very greatest surgical discovery of the century. His enthusiasm, it will generally be thought, carries him too far, but his essay is an extremely good one on the subject. (pp. 42. D. Appleton & Co., New York. Price 10 cents).

——Dr. Beverly Robinson, in a small pamphlet on the mechanism and treatment of pulmonary complications of acute cardiac disease, points out that such complications are often direct consequences of the cardiac trouble, and recommends the employment of digitalis to combat them (pp. 20, William Wood & Co., New York).

——The surgical treatment of perityphlitic abscess is the subject of a pamphlet of fifteen pages, by Dr. J. H. Pooley, of Columbus, Ohio. He adds a sketch of the literature of the topic, and a list of operations, forty-six in all. His directions for treatment are minute and judicious.

——A reprint from the Richmond and Louisville *Medical Journal* gives a succinct history of the plan of treatment of Pott's disease by suspension, and the use of the plaster-of-paris bandage by Dr. Lewis A. Sayre (from the author, New York City).

BOOK NOTICES.

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Transactions of the American Medical Association. Vol. xxviii, pp. 694.

This volume of the Transactions presents a diversity of contents, and a careful working up of subjects, which places it in favorable contrast with some of its predecessors. The regular addresses, that of the President, Dr. H. J. Bowditch, and that in "Practice," by Dr. P. Gervais Robinson, are such as we would expect from those distinguished writers. Dr. A. B. Palmer has a particularly practical article on the "Use of Opium and Quinine in Pneumonia." Dr. Charles Denison gives further information on the "Value of the Climate of Colorado in Phthisis." Dr. H. A. Martin's report on "Animal Vaccination" is an excellent contribution to this important subject. Dr. L. Duncan Bulkley describes the "Signs and Management of the Gouty Cachexia in Skin Diseases." Dr. F. H. Davis develops some new facts respecting the "Differences between Hereditary and Inflammatory Phthisis," by a study of 965 cases. Dr. George E. Walton has a careful article on "Climatic Resorts," with a chart accompanying it, on a new plan. In the domain of gynecology we have an address by Dr. J. P. White; on "Extirpation of the Uterus," by Dr. G. Kimball; on "Kolpokleisis," by Dr. N. Bozeman; and on "Absence of the Uterus," by Dr. H. O. Marcy. Of other contributors we may mention the names of Drs. E. Seguin, R. J. Patterson, E. M. Hunt, J. L. Cabell, J. R. Black, A. N. Bell, C. G. Comegys, J. T. Hodgen, S. W. Gross, S. D. Gross, L. A. Sayre, B. Lee, E. Andrews, etc. The usual minutes, reports, and lists accompany the volume. It is one full of sound and varied information. The Prize Essay forms a separate volume by itself, and is certainly a monument of intense labor and vast research.

State Regulation of Vice; Regulation Efforts in America. The Geneva Congress. By Aaron U. Powell. N. Y., Wood & Holbrook. 1878, 12mo, pp. 127.

Mr. Powell is Vice President of the New York Committee for the Prevention of Licensed Prostitution, and writes this book in the interests of his position. Of course, it is not an examination into the questions whether police and medical supervision will diminish disease and lessen the number of prostitutes; whether such care will rescue those just beginning the downward path, and protect the wholly innocent from contamination. No, such inquiries would not suit such writers. We have "appeals" and "remonstrances"; extracts from emotional harangues; bits of sensational writing; but of solid argument, none.

The charge made, p. 86, that in the discussion of this subject the medical profession has ignored the immorality of prostitution, is a specimen of the reckless disregard of facts which such partisan writers indulge in. On the contrary, one of the most cogent reasons which all the English medical journals advance in favor of the Contagious Diseases Acts, is that they do visibly and really diminish that immorality, and thus render good service to sound ethics. No one can be ignorant of this who has read at all on the subject. The fact that every regular medical journal in Great Britain approves and endorses those Acts is sufficient testimony that, in the opinion of those best situated to judge, they are a mighty element of good in the social fabric.

Coughs and Colds: their Causes and Consequences. Notes of Lectures delivered at Gresham College, by E. Symes Thompson, M.D., F.R C.P. Philadelphia, Lindsay & Blakiston. 1 vol., 12mo, pp. 120, cloth. Price 60 cents.

The lectures on which this little work is based were delivered to the public, and formed part of a series on the laws of health and the measures for its preservation. Hence they contain much that is trite to the physician. Nevertheless, there is also considerable in them which the physician may profitably read, for Dr. Thompson is a writer of much authority, who has studied well his subject. His observations on climate, at the close, are eminently judicious.

Hand-book of the Practice of Medicine. By M. Charteris, M.D., etc. With illustrations. Philadelphia, Lindsay & Blakiston, 1878. Small 8vo, cloth, pp. 334. Price $2.00.

Dr. Charteris is Professor of Practice in Glasgow, and appears to have written this book as a brief epitome of his lectures, for the use of students. He runs over the whole domain of practice, including skin diseases, and gives an appendix of formulæ. His descriptions of the various diseases are very good, considering the limited space he can give to any one, and his suggestions of treatment always to the point. For the purpose for which the book appears intended, we should pronounce it very well adapted.

THE

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A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

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3. For one new subscriber to both Compendium and Reporter, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

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THE RATE OF COMPENSATION OF PHYSICIANS.

In the courts of several cities, recently, suits have been brought by physicians, to recover fees, where the defence has been that they were exorbitant. Complaint has also been made by correspondents of more than one secular journal, that doctor's bills are always unknown quantities until they are presented, when, often, they are quite unreasonable. A medical journal has lately defended excessive charges substantially on the ground that there are so many doctors, that when one does get a chance at a rich patient he must at once charge up to the last dollar he can get, in order to make up for the competition he has had.

That this or some similar doctrine is the one generally adopted in our great cities is obvious, and it is not creditable to the profession that it is so. While, as much as any one, we recognize that the practice of medicine is, in the first instance, a business, out of which the doctor gets his living, yet it is also a learned profession, supposed to be governed by principles a little higher, rather more liberal than, for example, horse dealing or huckstering. These principles ought to appear in a sense of innate justice in making charges, and propriety in the expenditure of means. The vulgar ambition of living in an ostentatious mansion, of keeping a dashing equipage, and of surpassing in profuse entertainments, is quite inconsistent, either with the severity of science or the character of philanthropy thrown around the practice of medicine. Yet it is a matter of common remark in this city, and doubtless in others, that many leading men in the profession appear to vie with each other in ostentatious expenditure; and this competition it is that forces them, in many instances, to charge at a rate for their services which they are not worth, by any fair estimation.

An ophthalmologist of our acquaintance asked and obtained from a man of limited means five hundred dollars for an operation of cataract. The patient paid but complained; the operator's argument was that the use of the eye was worth that amount to the man; and this absurd argument we have several times seen brought up, in one or another form, as a convincing one. Whether the charge was excessive or not we shall not discuss, but this argument is that of a quack and a monopolist. A goblet of water to a man dying of thirst is worth his fortune; he would gladly give all his gold for it; but what would we think of the man base enough to require that price for it? The monopolists of the middle ages were wont to buy up all the wheat of a district, and only sell it when famine forced the people to pay thrice or four times its usual value. Their estimate of value was that of the ophthalmologist quoted above.

There is such a thing as a fee-bill in most medical societies. It is used to convince those who are not willing to pay as much as it calls for that the charges there specified are the usual ones among the physicians of the district; but when the charges, as they often are in the great cities, are far above it, then the fee-bill is kept out of sight, or if appealed to by the patient, is contemptuously renounced.

A case was lately tried in Brooklyn, where an operator for stone sent in his bill for $1500. The patient offered $150; the jury gave, we believe, $900. In his charge, Chief Justice Neilson made the following points:—

"As to the defendant's ability to pay, it is my duty to say to you that you are not to be controlled or governed by that, in any degree. You have evidence before you, such evidence as is commonly received, in regard to the defendant's occupation, position and calling, but no question to decide which at all depends upon his financial ability. It is true, as stated by the learned counsel for the defendant, that when a physician or surgeon undertakes to perform a service, he thereby professes to have the necessary skill. On the other hand, when a patient applies for treatment, it might well be assumed that he has the ability to pay, and it is rather late to say that he has not, after the service has been rendered. It would have been fair, if the defendant felt that his circumstances demanded it, to call the doctor's attention to his occupation and means, to inquire as to the expenses, to ascertain whether they could not be modified to conform to his ability. It does not appear that that was done.

"As to the fee-bill of the Medical Society, it is not controlling at all, although it was evidence which I did not think it proper to exclude. According to some of the testimony, the physicians themselves do not feel bound to conform to it, or to limit their charges thereby. How can you satisfy yourselves that the members of the Society who, at a particular meeting, voted to adopt that fee-bill, had, or that the majority of them had, the actual knowledge, or skill derived from experience, which would have enabled them safely to perform this operation, or intelligently to fix its value?"

The fee-bill, it is seen, is a document of no legal value at all. In fact, by this ruling, the compensation of a physician is a mere matter of bargain between the parties; and it had often better be settled definitely in the beginning, if the parties would avoid dissatisfaction and perhaps litigation. This is a humiliating conclusion, but it is a just one.

NOTES AND COMMENTS.

Statistics of Lying-in Hospitals.

The great mortality in these establishments is strikingly illustrated in the following extract from the British Registrar General's Report for 1876:—

"It appears that 1286 women were delivered, in five London hospitals, of 1301 children. There were fifteen cases of twins, and of the 1301 children 1238 were born alive, 63 were still born, and after 1000 deliveries 26 mothers died. In the whole of London 609 mothers died in childbirth or of puerperal fever; and the number of children born alive was 127,015. So the deaths of mothers to 1000 children born alive were rather less than 5. After correction for still-born and twins, the deaths of mothers to 1000 deliveries in the rest of London were 4.4; to 1000 deliveries in the lying-in hospitals 25.7."

In fact, a woman who enters a lying-in hospital for her confinement increases her risk of death nearly sixfold.

Digitalis as a Diuretic.

M. Hérard, during a discussion at the Sociéte de Thérapeutique, stated that he administered digitalis after maceration, this being by far the best mode. He macerates twenty-five centigrammes of coarsely powdered leaves in two hundred grammes of cold water, for twelve hours, and carefully strains. This is given in five or six doses, at a distance from meals; it is usually very well tolerated, producing no nausea or gastralgia, and can be continued for five or six days, or longer. This twenty-five grammes should rarely be exceeded, as experience has taught him, having formerly employed much larger quantities. Given in this way the effects are often marvelous, a powerful diuresis ensuing, during which from six to ten litres of urine may be passed in the twenty-four hours, the patients being resuscitated, as it were, into a comparatively good condition. M. Bucquoy said that he preferred M. Hérard's old dose of seventy-five centigrammes, suspending the medicine at the end of four days; but M. Moutard-Martin has, like M. Hérard, diminished the doses he formerly prescribed.

Treatment of Chronic Sore Throat.

In obstinate cases of this complaint, the local application of a saturated solution of nitrate of silver in glycerine once in ten days has been recommended. The theory is, that an acute inflammation has a tendency to get well, whereas a chronic inflammation has no such tendency. The object is, to substitute an acute for a chronic inflammation, and the inflammation caused by nitrate of silver recovers much quicker than that caused by most of the other caustics. Then use a spray or gargle of common salt-water three or four times a day. Occasionally an antiseptic should be added, and the best is said to be oil of cinnamon, wintergreen, pepper, etc. These oils all contain carbolic acid. Twenty drops of the oil of cinnamon added to a carbolic-acid solution, destroys the smell and rather increases its efficacy; certainly does not detract from it.

A Description of "Kakke."

This curious disease, prevalent in Japan, is thus described by Dr. Anderson, in the last volume of the St. Thomas Hospital Reports:—

"A recurrent, non-febrile, non-contagious disease, endemic in certain low-lying towns of Japan, and especially associated with overcrowding, bad drainage, and bad ventilation; most prevalent during the period of high temperature and heavy rainfall, capable of remaining latent for very long periods, and of manifesting itself under ordinary exciting causes in places remote from its source. The symptoms are characterized by temporary numbness of certain portions of the surface; paralytic affections of various muscles, most commonly those of the extremities; the loss of power, sometimes associated with spasm, muscular hyperæsthesia and progressive atrophy; dropsical effusions, usually slight, and limited to the subcutaneous connective tissues of the lower extremities, sometimes extensive and involving serous cavities, especially the pericardium; reflex vomiting in the most acute cases; abnormal excitability of cardiac motor centres, leading, in ordinary cases, to palpitation; in acute cases, to extremely rapid action of the heart, and consequent exhaustion of the organ, failure of circulation and death."

New Method of Testing Drinking Water.

In the last session of the "Deutsche Gesellschaft für öffentliche Gesundheitspflege," Dr. Falk described a new method of testing the purity of drinking water by electrical experiment. From researches carried on in the laboratory of the School of Artillery, in Berlin, it appears that the conductive properties of water for the electric current vary rapidly, according to its degree of purity, the resistance decreasing with the purity of the water. It is possible, it is said, in this manner, to detect, with great ease, the presence of small quantities of organic matter in water.

CORRESPONDENCE.

The Presence of Tears in Madness.

Ed. Med. and Surg. Reporter:—

Your editorial of January 12th, current year, upon the "Absence of Tears in Madness," predicated on the observations of an English writer (name not given), I do not think can be well sustained in this country, unless the experience of this institution is exceptional, which I have no reason to believe is the case.

Contrary to the opinion of your authority, it is by no means a rare occurrence to witness, in the different forms of insanity, the shedding of tears of grief and anguish over some real or imaginary trouble; and I venture the assertion here, that there are but few alienists who have not had their sympathies aroused on more than one occasion by the pleadings, and tearful eyes of similar cases.

To refresh the memory and strengthen my convictions, two female attendants were interrogated as to the number of insane they had seen weeping. One of them replied that she had seen, at various times, nearly every one in her ward in tears, and without any hesitancy mentioned the names of several. "You are positive as to their having shed tears?" "Why, yes, doctor! I would take an oath to that effect." She has twenty-five patients under her charge, and her constant association with them gives her a good opportunity to become acquainted with their habits. The other attendant instanced more than six cases of like character, in her ward. As the sterner sex is less emotional fewer patients are found in the male wards who give vent to their feelings with tears, but now and then there is one, however, who does.

Had you taken the opposite position to that which you have assumed, greater difficulty would have arisen in the attempt to controvert it. I do not desire to convey an impression, however, that the insane do not sometimes cry without weeping, for there are those who bewail their surroundings, and are tossed about by the freaks of a heated brain and distorted judgment, whose eyes are never moistened by the grateful and soothing influences of lachrymation. And the sufferings of this class are vastly greater than those of the other, and their recovery, if it occur at all, is lingering. One of the manifestations of non-lubrication is a rough and harsh appearance of the conjunctiva, which, as a feature of prognosis, is discouraging.

Much more might be written in the elucidation of the subject, but I deem it unnecessary in this connection. Respectfully yours,

A. H. Kunst, m. d.

West Virginia Hospital for the Insane, Weston, February 1st, 1878.

Anæsthesia During Sleep.

Ed. Med. and Surg. Reporter :—

Among my first cases, on commencing practice, was that of a boy, three years of age, who had the fingers of his left hand almost made into hash while playing with what the farmers call a feed- or straw-cutter. One finger was severed through the first phalanx and detached, except a bit of integument on the palmar surface, perhaps one-sixth of the circumference.

He was so extremely unmanageable, that whenever I dressed the injured member I was obliged to give him chloroform before removing the splint, so that he would not struggle and displace the fragments, and as he fought and screamed as if being murdered when we commenced administering the anæsthetic, it was a very disagreeable job for me to perform, and for the parents to witness; so that on one or more occasions, by catching the little fellow napping, and by carefully and gradually introducing the chloroform, I was enabled to get a change from natural sleep to profound anæsthesia, without the usual unpleasant preliminary excitement. The influence of the anæsthetic seemed to pass off more pleasantly on such occasions than ordinarily, for he would wake as from a natural sleep, and not struggling and frightened, as when we had had to hold him when giving the chloroform.

As this seems to answer the question "can one be anæsthetized during sleep without awakening," I trust you will pardon me for reporting a case of such insignificance.

Ira Barton, m. d.

Raymond, Ill., Jan. 31st, 1877.

Treatment of Acute Tonsillitis.

Ed. Med. and Surg. Reporter :—

In the reports from the Hospital of the University of Pennsylvania, in the Reporter for February 2d, where the record of a case of acute tonsillitis is given, the statement is made that "the inflammation may possibly subside and leave the gland reddened, but it usually goes on to suppuration. Treatment will generally fail to cut short the progress of the attack." This has not been my experience; I have never failed to abort the disease when seen in the initial stage—that of chill, fever and accelerated pulse. Even when it has existed for forty-eight hours, it has been cut short.

The treatment, which is simple, is as follows: a brisk saline cathartic is immediately ordered, and the following mixture is applied to the tonsil with a camel's-hair pencil, once in two or three hours.

℞. Tinct. iodinii
do ferri chloridi āā f.ʒij
Glycerinæ f.ʒss M.

Even in persons subject to periodical attacks, it has been eminently successful.

C. C. Schuyler, m.d.

Troy Hospital, N. Y.

News and Miscellany.

The Last Hours of Victor Emanuel.

An English contemporary describes the close of Victor Emanuel's life as follows :—

The proximate cause of King Victor Emanual's death was asphyxia, due to the complete arrest, from red hepatization, of the function of the right lung, the function of the left having already been impaired by precisely the same malady, from which His Majesty suffered at his shooting box of San Rossore, in 1869. As in the generality of such diseases, when contracted under the "malarial cachexia," there was a copious sudaminous eruption, the "miliary fever" of the Italian text-books. But this rather relieved than aggravated the symptoms, and left the cause of death, as has been stated, asphyxia. The inhalation of oxygen, which was practiced at the close, was intended to mitigate the august patient's sufferings, which, by that time, had become extreme. Just before this Dr. Bruno, as His Majesty's oldest medical adviser, was charged with the painful duty of announcing the hopelessness of all earthly aid. The King, sitting back, and twiddling his thumbs, as was his wont when making inquiries, asked, "Are the symptoms, then, so grave?" Dr. Bruno added, what the already shortened breath and gasping utterance of the patient had too plainly expressed, "They are," and recommended to His Majesty the last consolations of the Church. "Let the chaplain enter," said the King, in the same brief, but tranquil tones. He died with a tranquillity truly marvelous, considering the conditions of death; died, as he had lived, a cool and intrepid soldier.

Personal.

—Owing to ill health, Dr. J. W. Hadlock has resigned his agency for the Medical and Surgical Reporter and *Half-Yearly Compendium*, in Cincinnati.

—Mrs. Clemence S. Lozier, of New York, the well-known female physician, has made an assignment, for the benefit of her creditors. Her financial difficulties are due to the shrinkage of values. She is the founder of the New York Medical College and Hospital for Women.

—Dr. C. C. Vanderbeck delivered a lecture at Beverly, N. J., on the 21st ultimo, the subject being "Medical Delusions." It was well attended.

—Professor Cohnheim is said to have accepted a call from Breslau to Leipsic, as Professor of Pathology. Professor Volkmann, of Halle, on the other hand, has refused to leave Halle for Würzburg, to the great delight of his numerous friends at the former University.

Items.

—The authorities of the Queen's University in Ireland declare that they are willing to examine female medical students, but are unable to do so, because the ordinary regulations require a year of study in one of the affiliated Queen's Colleges, and none of these has as yet consented to admit women to instruction.

—An exchange states that a gentleman of Millersburg, Ky., has a four-months-old girl baby who is no friend to the Murphy movement. She has consumed $12 worth of paregoric in three months, and during the last two weeks drank one quart of whisky per week, and cries unceasingly unless stimulated with half a wine-glass of the above narcotics three times a day.

—We would ask the attention of our readers to the opinions of the critics of the medical press on Napheys' *Medical* and *Surgical* Therapeutics, a number of extracts from which are collected on advertising page 107, of this number.

Hospital Newspaper Boxes.

An unostentatious and excellent charity is the establishment of boxes in various parts of a city to collect reading matter for hospital patients. There are four or five in this city. All newspapers, magazines, and pictorials are gladly received, and a moment's thought will satisfy any one that they must be a great source of pleasure and recreation to the sick and suffering. The idea seems to be growing—for within the past three weeks a similar box has been placed at the depot in Wilmington, Del., in full view of all passenger trains, with very encouraging results. There is, therefore, some encouragement for those whose efforts have been constant and earnest in getting this movement established, and it is hoped that persons generally will lend their aid in making it a continued and increasing success.

QUERIES AND REPLIES.

Dr. D. P. B., of R. I.—The Asahel or Bethesda water is a strongly alkaline spring, principally containing the bicarbonates of lime, magnesia and soda. Analyses may be found in Butler's *Medical Directory*, Moorman's *Mineral Springs*, etc.

Dr. R. K. L., of Ky.—Yes, you can obtain any of the books noticed in the Reporter by sending direct to this office. We state the price in the notice whenever the publisher informs us of it.

Aspirer.—To obtain a position in the hospitals of this city generally requires professional or political influence, as well as the requisite medical training.

MARRIAGES

Chapman—McClure.—By Rev. S. B. Stevenson, August 7th, 1877, at the residence of the bride's parents, Eugene A. Chapman, M.D., of Little Falls, N. Y., and Miss Agnes G. McClure, of Alleghany, N. Y.

Hughes—Baker.—On January 24th, at the residence of the bride's parents, in this city, by the Rev. Dr. Willitts, Isaac W. Hughes, M.D., and Emily A., daughter of John C. Baker, Esq.

Mackenzie—Buchan.—On Thursday, January 31st, at the Scotch Presbyterian Church, West Fourteenth street, by Rev. C. W. Adams, of West Farms, assisted by Rev. S. M. Hamilton, Dr. William G. Mackenzie, of Lisburn, Ireland, and Mary, daughter of Mr. James Buchan, of West Chester, N. Y.

Smith—Crosby.—By Rev. D. H. Sloan, December 25th, 1877, J. H. Smith, M.D., of Millville, Pa., and Miss Mattie A. J. Crosby, of Leechburg, Pa.

Smith—Lord.—At the First Presbyterian Church of New York, on January 16th, by the Rev. W. W. Lord, D. D., Edward Everett Smith, M.D., of Morristown, N. J., and Frances Janette Lord, daughter of Scott Lord, of New York.

Spooner—Hovey.—In St. Johnsbury, Vt., on January 15th, by Rev. Edward T. Fairbanks, Dr. Frank Spooner, of Colebrook, N. H., and Lucy N. Hovey, of St. Johnsbury.

DEATHS.

Andrews.—In New York city, on Saturday, Jan. 26th, 1878, Jarvis M. Andrews, M.D.

Moore.—At his home, in Wellsburg, Brooks county, W. Va., on Thursday, January 17th, 1878, suddenly, of congestion of the brain, Eli H. Moore, M.D., aged 61 years.

Peck.—In New York, on Monday, January 28th, Gardner M. Peck, M.D., in the 81st year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

DUREL'S SYRUP

OF

TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

PARIS, 1	1868.	1872.	1873. VIENNA.
Prize Medal.	**Silver Medal.**	**Gold Medal.**	**Medal of Merit.**

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IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris* without which none are genuine

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION,—a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians:—

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say:—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.*

F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

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THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE CHILDREN'S SEASHORE HOUSE, AT ATLANTIC CITY, AND ITS CLINICAL TEACHINGS IN REGARD TO THE VALUE OF THE SEASHORE AS A RESORT FOR SICK CHILDREN.

BY DR. WILLIAM H. BENNETT,
Physician in Charge; Physician to the Episcopal Hospital, Philadelphia.

Presented by invitation, before the Philadelphia County Medical Society, at a Conversational Meeting, held December 19th, 1877, and read by Prof. Henry H. Smith, President of the Society.

(*Concluded from No.* 1094.)

Three things, probably, tend to make milk furnished by cows fed in the neighborhood of Atlantic City unreliable for sick children. First. Want of good pasture. Second. The poor quality of drinking water furnished the animals. Third. The constant annoyance they suffer from the green-headed flies, and from mosquitoes. The milk sent to the place from a distance is brought so far as often to be injured by the journey and by the time consumed in it. Hence it has been found necessary to rely chiefly upon condensed milk. This is, every three hours, furnished to mothers, of the uniform strength of three teaspoonfuls to the pint of hot water. It has been found to agree well with the majority of sick children, but not with all. For children who are convalescent, unless they are very young infants, the above mentioned strength does not make very nourishing food, and arrow-root, prepared wheat, or bread, is usually added, according to the age and condition of the child. The animal broths are generally used only for the very sick. It has been found to be the case that in not a few instances of diarrhœa the proper regulation of the diet alone suffices to effect a cure when children are brought under the cool and invigorating influences of the sea air. Hence, in cases not immediately dangerous, cinnamon water constitutes the first prescription, both for simple diarrhœa, and for mild cases of entero-colitis. It has often been the only one, as in the following cases.

Case 1.—M. K., aged 16 months, admitted July 18th. For two months past has had a diarrhœa, with, at times, bloody and slimy stools, without pain or straining. The child has had fever during her illness, and has vomited very frequently. She has recently been having about fourteen large, fetid, watery passages daily, containing much undigested food. She has been partly nursed and partly fed. She has seven incisor and four molar teeth. The gums are not swollen. She is wasted, but sits up in the lap, and is readily amused. Ordered f.ʒss. cinnamon water every three hours, and no food to be given except the breast.

July 19th, 2d day. The child has had eight stools during the last twenty four hours, and seems better in every respect.

3d day. Four well-digested, uniform, yellow stools.

4th day. Three stools, of a greenish color, but child improving in every respect.

5th day. Three stools.

6th day. Two stools.

7th day. Two stools; one shown, a dark

yellow, not very thin. Discharged, at the request of mother.

Case 2.—J. P. M., aged fourteen months; admitted July 20th, 1877. Has been sick two weeks, having from six to eighteen passages in twenty-four hours. The passages have been generally green, but at times contained much undigested curd. During the past week the child has vomited much and nursed little. There has been straining with the passages, much mucus, and at times blood. Has six incisor teeth; the gums are not swollen.

July 21st. General condition of the child is good; has had six stools in the last twenty-four hours. One shown, a large one, thick, and of a dark slate color, evidently the result of bismuth and opium, given the day before admission. Ordered cinnamon water, f.ʒss every three hours, and breast milk only.

3d day. Two stools in last twenty-four hours, and child doing very well, in spite of extremely damp, foggy weather.

4th day. One passage, not thin, consisting of mingled green and yellow portions. Ordered condensed milk and Blair's wheat, in addition to the breast milk.

5th day. Three stools; dark, uniform yellow; a little thin.

6th day. Two stools; thick, yellow, but somewhat undigested.

7th day. Child is evidently increasing in weight. One passage, of good color; better digested than yesterday's.

Remaining notes show that the child continued to do well until it was discharged, perfectly well, August 1st.

Case 3.—R. J. G.; male; aged seventeen months; admitted July 21st. The child was weaned at twelve months. Its bowels have been deranged for the last three months, but have been much worse during the past month. During this latter period has lost much flesh. He has been having from three to ten thin passages daily, varying in color from yellow to green and black (?) and containing much undigested milk. There has been some vomiting, tenderness of abdomen, straining, mucus and blood. During the past week he has had about six passages daily. He has eight incisors and four anterior molar teeth, but has not cut a tooth for three months. The canines are evidently a source of irritation. The child is so sick that on the recommendation of its physician the parents have brought it at once to the Institution, without waiting for the necessary permission. Ordered condensed milk and f.ʒss of cinnamon water, every three hours.

2d day. The child has had four passages during the last twenty-four hours, and is doing very well.

3d day. Three passages; still improving, notwithstanding constant fog, and water standing all around the cottage.

4th day. Three passages; yellow; not at all thin, but containing undigested curd. Child very cross. Not much change in teeth.

5th day. Has had three almost natural passages.

6th day. Has cut one canine tooth since yesterday. Has had three passages. A few aphthous spots on the gums. Ordered chlorate potash wash.

7th and 8th days. Each, one natural passage. Ordered bread and butter. Second canine through. Mouth unchanged.

9th day. Three passages, of bright yellow color; part well formed.

10th day. Mouth worse; four passages; thinner than yesterday. Ordered borax wash.

11th day. Mouth worse; four passages; natural as to color, but somewhat thin.

12th day. Mouth unchanged; seven passages; yellow, and not thin.

13th day. Four thick, uniform yellow passages.

14th day. Three healthy passages; mouth better.

15th day. Two passages; mouth still better.

17th day. Discharged, well.

Case 4.—C. A. E.; male; aged nine months; admitted July 21st. Has been sick for past three weeks, having from four to eight large, thin passages daily. They were painless, but at times accompanied with straining, and once with blood. They contained much undigested milk. The child has been fed on bread, milk, crackers and corn starch. For the last few days he has been having six or more passages in twenty-four hours. Ordered cinnamon water, f.ʒss every three hours, and condensed milk only.

2d day. Four passages in last twenty-four hours; child doing well.

3d day. Four passages. Last night had an attack of colic; relieved by eighteen drops of paregoric. The passage shown to-day healthy yellow; not watery, but contains undigested milk.

4th, 5th and 6th days. Each, four passages. Ordered Blair's prepared wheat to be added to milk.

7th day. Child very bright, and improving in general health constantly. Passages healthy in color, but not of uniform consistence.

8th day. Five passages; whitish, and containing much undigested milk. This change is probably due to the fact that yesterday was hot, and the child drank too much milk, as a number of cases show the same change.

9th, 10th and 11th days. Each, three passages, of better character.

12th day. Child seems perfectly well.

15th day. Child has continued well. Discharged.

Case 5.—M. E. B., female, aged 12 months, admitted July 31st. Had an attack of diarrhœa about a month previous to admission, which lasted between one and two weeks, after which the bowels became constipated. One week since had an attack of vomiting and purging. There were from nine to twelve passages in twenty-four hours, light yellow in color, and watery. This attack has lasted, though diminished in severity, up to the present time. Had about six passages day before admission. Child has been nursed, and fed on boiled flour, oatmeal, and milk. Its general condition is good. Ordered cinnamon water and breast milk only.

3d day. Has had five passages in last twenty-four hours, and is doing well.

4th day. Three passages; natural in consistence, and of bright yellow color. Ordered condensed milk in addition to the breast.

9th day. Since last note, has been having two natural passages daily.

11th day. Discharged, well.

Case 6.—E. E., male, aged 10 months; admitted August 6th. Child has been sick since the previous May, having from four to five watery, yellow, undigested passages daily, accompanied at times with straining, but no blood. During the past month the child has been sometimes better and sometimes worse than this. It is now having, on an average, five passages daily, but this morning has had eight. The child is much wasted, and sleeps poorly. It is nursed from a good breast. Ordered ʒss. cinnamon water every three hours.

2d day. Slept well last night.

3d day. Has had five passages, all in the last twelve hours.

4th day. Has had four passages. One shown, a large, thin, bright yellow, with some bright green particles, and small, undigested curds. There is no more straining. The child sleeps well and is improving.

5th and 6th days. Each, two passages, of same character as fourth day.

7th and 8th days. Each day one passage. Ordered prepared wheat and condensed milk.

9th day. Discharged, well.

Case 7.—R. P., aged twenty-six months. Weaned at fourteen months, and fed on bread and milk, and "table food." Was taken sick about five weeks ago; since which time the diet has consisted chiefly of boiled milk, crackers, and beef tea. When first taken, she had from twenty-five to thirty watery passages daily, with some straining, pain, and tenderness of the abdomen. There was little blood, some mucus. During the past three weeks she has had from five to seven dark slimy passages in twenty-four hours. On the day previous to admission she had six such passages. Ordered cinnamon water, condensed milk, and prepared wheat and bread.

2d day. During the seventeen hours since admission the child has had but one passage, of yellow color, almost natural.

3d day. One light yellow passage.

4th day. Three light yellow passages, of natural consistence. Ordered bread and milk only.

5th day. Two natural passages. Child improving rapidly.

8th day. Since last note, one natural passage daily. Ordered rare beef and crackers, in addition to other food.

10th day. Discharged, well.

Case 8.—T. O., male, aged four years. Admitted August 9th. Has had a diarrhœa, with but occasional relief, since last May. He has, at times, twelve thin yellow passages in twenty-four hours. Sometimes there is straining with the passages, and the preceding week they contained blood. Ordered cinnamon water, bread, toast and beef tea.

2d day. No passage since admission. This is the first occasion for twenty-five days, that such a length of time has elapsed without a passage.

3d and 4th days. One passage each day.

5th day. Two passages.

12th day. Has had one passage daily, for the past week. He is improving in every respect.

His appetite is marvelous, and he eats a great variety of food without injury.

14th day. Discharged, well.

While these cases are but a few out of many of a similar character, there were many others in which it was necessary to resort to other plans of treatment. Hence, brandy, bismuth, chalk, mercurials, and vegetable astringents were frequently made use of, with marked advantage. Still other cases showed no improvement under any treatment, while a few died. The statistics for the past summer, in this respect, are as follows: 73 children under three years of age were admitted, suffering from some form of diarrhœa; 59 of these were discharged well, 10 were discharged improved, 2 were not improved, and died soon after their discharge; and two others died in the Institution.

In the foregoing remarks, no distinction has been drawn in regard to the different forms of diarrhœa, as practically nearly all forms seem to be equally benefited by a change to the seashore. One of the fatal cases was a case of dysentery in the child of a Cuban, whose family nearly all died of that disease. It died twelve hours after admission. The other three fatal cases were cases of entero-colitis. The majority of cases which improved or recovered were also cases of entero-colitis. Cholera infantum, properly so called, was seldom met with. This is to be accounted for by the fact that the applications for admission were so great that few could be admitted immediately upon application, and consequently such cases would either die, recover, or pass into cases of entero-colitis, before they could be received. From what I have seen of this form of diarrhœa at the seashore, I believe that no place is better suited for its treatment.

Many factors enter into the good results derived from a summer residence at the seashore. The principal ones are as follows: First. The moderate temperature. Second. The tonic effects of the sea air. Third. Its soporific effects. Fourth. The beneficial effects of sea bathing.

The breezes coming from the ocean in summer have a much lower temperature than the land atmosphere. This sea breeze prevails on a large majority of the days during the hot weather, thus making the average summer temperature much lower at the seashore than further inland. On some days the difference is most marked, and few have failed to experience the relief afforded by the first breath of sea air, after spending a hot day in the city.* Even when the days are hot, the nights are generally cool. To the invalid, the relief thus afforded from the depressing influence of excessive heat is marked in all cases, but especially is it so in the summer complaint of children, in the development of which heat plays so important a part.

Several elements combine to produce the tonic effect of the sea air. Among these are, perhaps, the following, viz.: First. The presence, as shown by Schönbein, of a large amount of ozone. Second. The atmosphere, being denser at the sea level than at more elevated points, contains, in a given space, a larger amount of oxygen. Third. As a large portion of the breeze comes from the sea, the air contains but a small amount of the deleterious products of decaying vegetable and animal matter; and Fourth. The saline particles held in suspension in the atmosphere, the "dust of the ocean," enter the system through the lungs, and perhaps aid in the tonic effect. But whatever may be the cause, the effect is undoubted. Few who visit the seashore fail to experience a marked improvement in appetite, while to some there comes an intense craving for food, which it seems impossible to satisfy without indulging to an extent bordering on gluttony.

Few of all the children who have been admitted to the institution have failed to show, almost immediately, this increase of appetite, and it is, indeed, no exaggeration to say that the effect of the sea air, in this respect, has been more uniform, and more powerful, than that of any therapeutic agent which I have ever used.

A very grateful effect of the sea air upon the invalid is the influence which it frequently has in inducing sleep. Many sick children brought to the institution have slept the first night better than for many nights before. The weariness from the journey has doubtless had some little influence in these cases, but the effect continued. Many, even of those who are not invalids, feel, after a few days' stay at the seashore, unusual drowsiness in the daytime, and the afternoon nap becomes an almost irresistible luxury.

---

*On one occasion the thermometer stood at 100° in Philadelphia at noon, and at sundown, at Atlantic City, without any storm, overcoats were necessary for the comfort of those who faced the stiff sea breeze.

Sea bathing, besides having all the beneficial effects of an ordinary cold bath, has others peculiar to itself. The contact of the salt water, and of the salt which adheres after the water left by the bath has evaporated, stimulates the skin, increasing the circulation and exciting the perspiratory glands. The beating of the waves against the surface of the body affords a passive exercise, with some of the advantages of "massage." While to the more robust, a healthful exhilaration and delightful active exercise is furnished by the plunge through the waves, and the vigorous movements constantly required while in the surf.

It may not be amiss, in this paper, to offer a few hints in regard to the management of sick children at the seashore.

The place selected for the *residence* of the child should, between the first of July and last of September, be as near the surf as possible; as has already been stated the mild temperature depends largely upon the sea breeze. Places situated at a distance from the beach cannot always be as cool as those closer to it. If, when the sea breeze is moderate, one approaches the ocean through a seaside town by an avenue running at right angles to the beach he will at some point have the impression of entering a cool stratum of air, and the milder the breeze is the nearer the ocean will this stratum be met. At times, when a mild land breeze is blowing, there will be found a marked difference in temperature between the atmosphere at the water's edge and that one hundred yards from it. At other seasons of the year than during the period mentioned, this proximity is not so necessary, and on account of the greater dampness it is often not desirable.

The *clothing* of the child should be suited to its changed residence, and to the changes of temperature which take place from noon to midnight. This fact is mentioned because it is not an uncommon thing for infants who have been perfectly well in the city to be attacked with dysentery or entero colitis upon coming to the seashore. They have been perspiring freely in the city, and not only is the perspiration checked in the cooler atmosphere, but the surface is actually chilled by exposure on the beach to the steady cool wind, or by insufficient cover at night.

Little change need be made in the *food* of children on coming to the seashore. The advantages claimed by some for a largely marine diet have, probably, been over-estimated, and much blame even has been attached, by others, to fish, oysters and the like, for the frequent disorders of the digestive apparatus from which adults suffer at the seashore. Doubtless, however, some of this blame should be attached not so much to the particular kind of food, as to the excess of food of all kinds, taken without proportionate exercise.

The diet furnished the inmates in the Children's Seashore House has been of the most varied and substantial character, and the children able to take exercise have been allowed to eat as much as they wanted, and yet disorders of digestion have been rare among them.

From the above it will be seen that importance is attached to the matter of *exercise.* Children able to take it seldom need much urging, though the want of it among adults probably interferes with much of the benefit which would otherwise be gained.

Of the various forms of exercise for very young children, next to the walk in the nurses' arms, should be recommended the drive upon the beach. The perfectly even surface renders it possible, in this way, to take quite a sick child into the open air, often with the greatest benefit. One of the very best forms of exercise for sick children is playing in the warm, dry sand. It should be both warm and dry. It is to all children an unceasing source of amusement, and the harmless character of their little falls when in it often encourages them to efforts which they would not otherwise have the courage to make. I cannot help the conviction that to this form of exercise is, in some measure, due the improvement which took place in two or three cases of infantile paralysis admitted to the Institution.

As the questions most frequently put the physician at the seashore relate to the subject of *bathing*, I shall conclude this paper with a few hints upon this subject.

The rules which apply to bathing in general, also, of course, apply with even greater force to sea bathing. The best time for taking the bath would doubtless be just before high tide. At that time the water has been somewhat warmed by passing over the hot sand. Moreover the bathing is safer, from the facts that the tide still coming in would tend to wash the bather to the shore, if he should lose his foothold, and as the water covers a portion of the beach which was exposed to view a few hours before, there is less risk from dangerous holes and quicksands. But as this time varies from day to day, and it has been found more convenient to bathe at the same hour each day, custom usually fixes the bathing time at each place with proper reference to the hours for meals.

In order to answer several of the questions which naturally arise, it is necessary to recall the phenomena of the cold bath. They are as follows: On entering the water there is a shock, accompanied by a sensation of chilliness and shivering, the skin becomes pale, there is respiratory embarrassment, and a feeling of fullness in the head. Next follows a reaction, in which all these symptoms are relieved, and there is an agreeable sensation of warmth. If the bath is prolonged beyond what the system will bear, there follows another sensation of chilliness, the teeth chatter, the fingers and lips become blue, sometimes even nausea and vomiting follow, the respiration becomes irregular and rapid, and the pulse weak and small. In the ocean bath each wave reproduces in a less degree the first shock, followed by the reaction, and at the same time hastens the development of the second chill.

From a consideration of these phenomena it would appear that the proper duration of the bath is a period short of the second chill, and it is evident that the length of this period must depend upon the temperature of the water, the strength of the patient, the force of the waves, and a number of other circumstances. A Paul Boynton might remain in the water unharmed, perhaps, for hours, while for a delicate child a single dip is sometimes quite sufficient.

During four years about three thousand ocean baths were given to children of the institution, without any injury. It has been the rule to allow these children to remain in the water on an average of five minutes. They are directed, on entering the water, to wet their heads, and advance to a point where, when in a stooping position, the waves will break over them. Immediately after a bath they dress quickly, and then resume their plays in unexposed places. The delicate are allowed to bathe but twice or three times a week. Those having disease of the heart, or surgical troubles liable to be increased by a severe blow from a wave, and the extremely young and weak, are not allowed to bathe at all. No child who dreads the ocean ought ever to be forced into the water. It is hard to conceive of a more inhuman practice than that of taking little infants, screaming with terror, and dipping them time after time under the waves. Where an infant enjoys an ocean bath, as some do greatly, there can be no objection to its having it, if given with judgment. For those children who cannot take the ocean bath, the heated salt water bath furnishes a most excellent substitute. It, too, is tonic in its effects, but far less so than the bath in the open sea. It will be found useful in all the diseases in which heated fresh water baths are beneficial, except, perhaps, in some diseases of the skin. But beyond the fact that the salt renders it more stimulating, I have not yet seen any evidence that it differs from the fresh water bath in any important respect, as a remedial agent.

332 *S.* 15*th St. Philada.*

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DACOSTA, JAN. 12th, 1878.

Stenographically reported for the MEDICAL AND SURGICAL REPORTER.

Chrysophanic Acid in Chronic Psoriasis.

GENTLEMEN :—This is a case to which I would like to call your attention, because it illustrates several important points in the treatment.

James B., 27 years of age, is a teamster, and was born in this State; he never had syphilis, according to his statement. He was under treatment in our wards for three weeks, early in the winter, for a chronic disease of his skin, and improved so much that he left of his own accord, to return to his work. He now returns to have the cure completed. When he was first admitted, in October last, he was suffering from chronic scaly eruption, involving almost the entire body and extremities, which had lasted more than ten years. He believes that originally he contracted it from a male (friend) who had a similar affection. The eruption originally appeared during warm weather, upon his scalp, and his hair began to fall out. In the course of a few months the disease disappeared from the scalp, and the hair grew in quite thick during the following winter, but shortly afterward his legs were attacked, and the disease has remained there ever since. Nearly two years before admission the surface of his body and his arms became affected; this also during the warm weather. There had never been any disease of the face, except on the forehead at the roots of the hair, and his scalp had been free for eight years, when, two years ago, he noticed several spots behind his ears, which subsequently spread, and the entire scalp was now again invaded. The eruption was scaly, from the first, appearing originally in the form of a papule, and then spreading and scaling, the skin becoming thickened, fissured, and raised in its progress. Where the epidermis had peeled off, the general surface was seen to be dark red, from congestion, but dry. It itched so badly as to prevent him from sleeping at night.

He improved greatly during his three weeks' stay with us, but neglected himself after leaving the hospital, and now applies for readmission, the disease having measurably returned in the parts formerly affected.

When I first saw him, he had been under treatment for some time, and had been using many remedies, with varying success. He had been taking arsenious acid, in the form of Asiatic pill, where it is combined with black pepper; and, indeed, all the remedies that we are accustomed to give in chronic psoriasis—for such is the name by which this malady is known—but all to no effect. He had faithfully applied the alkaline green soap, so much used by Hebra in Vienna, but, as I told you, the success of this treatment was slight. When I first saw him, his whole body, both back and front, and his extremities, except part of his face, looked like a mass of thickened, reddened skin; and it was only in certain parts that the characteristic spots of psoriasis were discernible. Now, I have told you of the extent of this disease, and I have also told you of the remedies employed. Finding that the ordinary agents were of no use here, I determined to make use of a remedy that I had seen highly recommended in some recent English journals—chrysophanic acid. The effect was most striking. The scales disappeared, and the general appearance of the skin was immensely improved.

When the patient left the hospital, November 14th, the following note was made of his condition: "The skin was decidedly better, and shows nearly a normal surface. Treatment has been followed by very marked results. The skin upon his chest and arms has nearly recovered its normal color, and the spots on the legs below the knees are pale and apparently healing. The skin feels softer everywhere, and there is very little tendency to scaling. Patient considers himself almost well."

He comes back this morning; although not so well as before he left, he is still conscious of great improvement, and returns to have the same treatment pursued. We shall direct him to take off his clothing, and examine the case thoroughly together, before determining whether the remedy that did him so much good shall be again employed.

Here, then, is a remarkable case of chronic psoriasis, a most extensive instance of the disease. Here you have the thickened mass of skin covered with scales, involving the trunk and extremities, scattering into spots on the forearms and legs. You might be at a loss to determine the character of the eruption if you studied it solely on the body, but its nature is evident from the isolated spots on the extremities, that exhibit the characteristic appearance of the disease. His chest seems comparatively exempt from the eruption, but the back is entirely covered, from his scalp to below his knees, where the specific characters of psoriasis are lost, on account of the general thickening of the skin and the masses of scales. He is not as bad as when he first made his appearance, for then the chest was covered; and here the beneficial effect of the treatment was most marked.

Now, as to the details of treatment. I shall direct him, merely for the purpose of cleanliness, to take a warm bath daily, in which he shall remain for fifteen minutes, and the surface afterwards shall be thoroughly dried. The water might be made slightly alkaline, by the addition of half an ounce of carbonate of potassium to the amount of water in his bath. This shall be used each morning. We shall then give him, as the only other treatment, chrysophanic acid in simple ointment, in the same strength as before (ʒss to ℥j), rubbed thoroughly in at night. If the case progress as well as before, we shall rapidly see good results from the treatment, and after a few applications, you shall see him again, from time to time, and watch the effects of this potent remedy. We will caution him against getting any of the ointment in his eyes, as we have discovered, by experience, that it will produce a conjunctivitis if this accident should happen.

Diabetes Insipidus Cured by Ergot.

The next patient, Joseph H., twenty-one years of age, is one of more than ordinary therapeutic interest. He was shown to you once before, and lectured upon, during the height of the malady. He is now well, and ready to leave the hospital. As you will remember, when he was before you he was in poor health, and was passing ten pints of urine daily. One peculiarity about the case was that he always declared that he passed more water than he drank. This we inquired into, and had the fluids (including milk, tea and soup) carefully measured from day to day, and ascertained that these did not exceed six pints, although five was the ordinary amount, and of late he has only been taking four pints. His observation was then apparently confirmed, that, except when he took a dose of cathartic medicine, he was constantly passing rather more water than he drank.

It will be remembered that this trouble began, without any evident cause, last May, while he was apparently in good health; he simply noticed that he was passing a good deal of urine, and that he had to rise for this purpose several times in a night. For a few months preceding admission he had fallen off rapidly in weight, but had no obvious malady. He had never received any injury to the head, and had never been sunstruck. Although the patient had been uniformly healthy until this sickness, it might be mentioned in this connection, that he had a family history of phthisis, his mother having died with pulmonary consumption, and his father of some acute disorder following a cold.

He also complained of irritability of the neck of the bladder, for which he had received treatment at a hospital (not this hospital), but upon repeated examination nothing was found to account for the irritation and sense of burning which he complained of.

This case has been carefully observed. We first established the fact that he did pass this amount of water, before exhibiting our remedies. His urine was measured for several days, and we found that he was passing from eight to ten pints daily, and sometimes even more than this. The urine was examined with care. It was acid, of low specific gravity 1.005; it did not contain a particle of sugar, and was entirely free from albumen. We therefore recognized it as a case of diabetes insipidus, as it is generally called, or polyuria, as it is sometimes designated. The passage of these quantities of urine, for a length of time, containing no sugar and no albumen, is the characteristic feature of this disease, which is often found in combination with disorder, or actual disease, of the nervous system. This disease of polyuria, or diabetes insipidus, is one which is extremely difficult to eradicate.

I merely recall these facts, that you may fully understand what has taken place in the case before us. Having, by several days' observation, established the fact that he was troubled with this malady, and apparently, also, the truth of his statement that he passed more water than he drank, we were prepared to place him under treatment. We began on the first of December, and directed him to take the fluid extract of ergot in one-drachm doses, three times daily; subsequently increased to four doses; and for five days he took six drachms in the twenty-four hours. The effect was most marked. The amount of urine rapidly and steadily fell to five pints, then to three pints, but before he had got down to the normal quantity, we reduced the ergot, and afterward stopped it altogether, and placed him on a little peppermint water; not so much, however, for its stomachic as for its mental effect. He has now been on this supplementary treatment for two weeks, in which no ergot whatever has been given, and I can give you the gratifying information that the effect has been permanent. Since his recovery he has undergone an operation for phimosis, performed by our resident physician, Dr. Fisher, and has made a complete recovery. Since the operation, the irritability of the neck of the bladder has entirely disappeared, and he now leaves the hospital perfectly well.

Now, is this a recovery? I think it is. He has gained in flesh and strength, and for the last three weeks he has passed only three pints of urine daily. In the other cases that I successfully treated by this remedy, I advised the administration of cod-liver oil, as a general nutrient. I have had complete success in three other cases by this treatment, one of which came back a year afterwards to this hospital with a broken leg, but never had any return of the polyuria. We shall direct this patient now to take half an ounce of oil, two or three times daily; and ask him to report himself if there should be any return of the symptoms.

Medical Treatment of Chronic Pleurisy—Removal of a Large Effusion by Jaborandi in Less than Three Weeks.

I appear to be giving you this morning, what might be called a clinic of new remedies; and this is a case in which a new remedy was exhibited with most beneficial result. The patient, John L. C., is a weaver, 23 years of age. Last summer he was much exposed to wet at the seashore, and although up to that time in good health, he has since been subject to occasional pain in the left chest, difficulty in breathing, and a slight cough. While at his work he was obliged to press his chest against a beam, and finally, he found, about three months before admission, that he was compelled to stop work and seek other employment, on account of great tenderness and pain in his left side. He had not been confined to his bed. Shortly after this, he found that he could not lie upon his right side, the dyspnœa became more urgent, and he had some mucous expectoration, tinged with blood. He then sought admission into the Episcopal Hospital, where his chest was aspirated, about five weeks before he came under our care. He tells us that the left side of the chest, in the posterior axillary line, was the point chosen, and that five pints of clear serum were drawn off. Before this operation, he had been suffering from daily chills, but they did not return again until he came to us, five weeks after the tapping, when he told us that he had a chill that morning. The oppression and pain was also relieved by the operation, and he was discharged eight days before entering our ward, being apparently in good health and anxious to go to work.

Now, gentlemen, there had been some return of the symptoms, notwithstanding the aspiration, for he tells us that soon after the fluid had been removed, and though he was placed upon appropriate treatment, shortness of breath and pain, and all the signs of pleuritic effusion manifested themselves. The chills returned, and when he was received into the ward his temperature was 101°, and he was evidently quite sick. We found him, on coming into the ward, lying on his left side, suffering from pain and dyspnœa, and some fever, his left chest full of fluid, and in a very miserable condition. I was tempted, after examining him, to aspirate him again. This was the first thought that occurred to me. The effusion was in the left chest, displacing his heart to the right, and he urged the operation himself, with the statement that he was much relieved by the previous aspiration.

But I must tell you that after aspiration, in chronic pleurisy, the fluid is apt to return, and after several aspirations the fluid may change in its character and become purulent. This has been noticed particularly by several French clinicians. Partly from these considerations, and partly with a view of trying the therapeutic effects of jaborandi, which seemed to me to be likely to effect good, I placed him upon a drachm of the fluid extract of jaborandi, four times daily, with the effect which you will now learn. First, the temperature has again declined and is now steady between 98° and 99°, and has been at this for more than a week; the chills have passed away; the pulse and respirations are almost normal; he breathes twenty times in the minute; his pulse, as he stands before you, is a little more frequent, 96 in the minute, but in the ward it is 86, and has not been higher for several days.

Now, as regards the present physical signs. We find that we obtain no dullness on the right side, and none on the left, except at the very lowest part of the chest. I can hear the respiratory murmur very distinctly below the left scapula, but there is feeble respiration below. I may tell you, therefore, this morning, that the effusion has almost disappeared. Measuring the chest, we find but little difference between the two sides, only a quarter of an inch, which is practically no difference at all.

While this treatment has been going on, the patient has been sweating profusely, and I may say that the larger quantity of this effusion has passed away by the skin, therefore, from the effect of the remedy, whose influence is shown in its diuretic and diaphoretic action when it is acting as it ought to act. The effect has been most gratifying. This man has been relieved, and I think that the relief is permanent; for, if you can remove a fluid by medical treatment, it is generally not likely to return.

I do not tell you not to resort to aspiration or surgical interference; I resort to it largely. But when you can remove the effusion by medical means, the result is generally, in the long run, more satisfactory; and I make it a rule to try them first, and with some persistency. Here they were successful. I have shown you this case to illustrate the therapeutic value of a new remedy, Jaborandi, in a new application.

[It should be added that this case progressed to a perfect cure, the effusion became entirely absorbed, and the patient, after being entirely well for more than a week, was discharged, to return to work, January 19th, 1878.]

Case of Well-marked Cerebral Disease for Diagnosis.

I had intended to finish my remarks this morning with the discussion of a most intricate and interesting case of disease of the brain, which now is being carried into your presence, but the nearness to the close of my hour will only permit me to furnish you with some of the prominent points, postponing discussion upon them until next Saturday, when I will elaborate the points which, this morning, I shall only allude to. He is thirty-five years of age, and previous to last July was in good health. He had chancre five years ago, but he denies having any of the symptoms that we are inclined to consider as the secondary results or manifestations of syphilis. Before this sickness came on, he, being a delegate to a political convention, was drunk for a week—while making laws—and was obliged to take to his bed with agonizing headache and attacks of vomiting. This occurred, as before incidentally remarked, during hot weather in the month of July. The headache never left him, but started as an early symptom in the case, and remained until his entrance into the ward. We could not get any connected history from him, on account of his condition, and this mental dullness may be set down as one of the symptoms of the case. The headache has been accompanied by progressive disturbance of vision, which lately has become seriously impaired, and the globes of the eyes are, as you will notice, very prominent.

This man is a great sufferer, but he has not been delirious, although he has some strange notions at times. He is unable to walk; indeed, he cannot even stand, unaided, even with the feet widely separated. The grasp of his hands is feeble, and especially feeble is the grasp of the left hand. Peculiar muscular spasms, associated with more or less trembling, go to make up the features of what, you can see for yourselves, is a serious case of brain trouble. In order to enable you to make up your minds, understandingly, as to what is the matter with the man, before our next clinic, I will add that his temperature is normal, and that ophthalmoscopic examination of the eyes reveals marked choking of the optic disks. It must, in conclusion, be stated that the urine has been repeatedly examined, and found to be entirely free from either sugar or albumen.

This places the clinical features of the case completely before you, and you may now consider the diagnosis of the nature of this brain disease until our next meeting.

MEDICAL SOCIETIES.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

Intestinal Obstruction.

Dr. Monmonier related a case of intestinal obstruction. The patient had been exhibiting the symptoms usual in such cases for several days, and after the failure of all the ordinary therapeutical measures in the hands of the medical attendant, he was called in, and found a globular mass to the left of, and in the region of, the umbilicus; patient was vomiting, etc., but the pulse was good. He advised an operation, but the friends objected, and the patient died in less than twelve hours. A limited post-mortem was allowed, which showed that a portion of intestine and omentum was pushed through the great omentum. He does not know that an operation at the time at which he first saw the patient would have saved his life, but he believes that it would have done so, could it have been performed earlier. He regards operation in such cases as imperatively indicated, and deprecates temporizing.

Strangulated Hernia.

Dr. Monmonier also related a case of strangulated hernia, in which it was necessary to operate. The sac contained omentum, a portion of which had lost its vitality, and intestine, which was twisted upon itself. The attempts to untwist the gut were ineffectual, in consequence of slight adhesions, until the ring was freely dilated. The contents of the sac were then returned to the abdominal cavity, with the exception of the small devitalized portion of omentum, which was removed. A week has elapsed since the operation, and the patient is doing well.

Salicylate of Soda.

Dr. Caldwell related a case of acute rheumatism, in which nearly all the joints were affected, the heart excited, pulse 120, and considerable fever present. He administered the remedy after the method of Dr. Alonzo Clark, by which the salicylate of soda is made extemporaneously, through the combination of salicylic acid and a soda salt in solution in glycerine and water. In two days the fever had disappeared and the pulse had fallen to 90 per minute.

Dr. Lynch preferred the salicylate of soda, as it is found at the pharmacists, to the extemporaneous preparation. He uses it in one-drachm doses. He does not regard the remedy as antirheumatic, but as antipyretic, and thinks that all the benefit to be ascribed to its use is in consequence of this antipyretic influence. He does not believe that it has been correctly credited with anti-zymotic powers, such as is possessed by quinia or salicylic acid. He has been using quinia in cases of rheumatic fever, for its antipyretic influence, since 1864, with equally as good results as may be obtained from salicylate of soda, and, indeed, prefers the quinia.

Dr. C. C. McDowell related a case of acute rheumatism, in which but two joints were affected, and the temperature was not very high. Salicylic acid was administered, but with results so undecided that recourse was had to alkalies. He observed in this case no antirheumatic effects of the drug.

Dr. Seldner's experience in a case of pelvic cellulitis, in which he used the drug as an antipyretic, was unsatisfactory, and he obtained better results from quinia.

Menstruation During Pregnancy.

Dr. C. C. McDowell related a case of menstruation during pregnancy (supposed). The menses had failed to appear at the regular time, and in about six weeks from their last occurrence a digital examination discovered that the womb was larger than normal, and of a more pyriform shape. Shortly after he was called to her and found extrusive pains and hemorrhage present; rest, opium, etc., were ordered, and in about ten days the patient was able to leave her room. In twenty-nine days he was called again, and found the same condition present, and under similar treatment she left her room in about a week. In thirty days was again called, and found her suffering as before. Similar treatment enabled her to leave her room in less than a week. During this time the abdomen had been increasing in size, and the woman stated that she could feel the uterus through the abdominal walls. Auscultation had not been practiced, but he regarded the case, from the various symptoms present, as one of pregnancy, and not of rapidly developing tumor, etc. He had seen other cases in which menstruation had occurred the first two or three months of pregnancy, but none in which the hemorrhage had been so free.

Dr. Seldner did not think the diagnosis of pregnancy fully established, which was admitted by Dr. McDowell, who claimed only probability.

Dr. Lynch stated that there is a test for pregnancy now presented, in which the thermometer is used. If the temperature be taken in the rectum and in the cervical canal of the uterus, if pregnancy exist, the uterine temperature will be 1° Fahr. higher than the rectal. He recommended to the Society that the statement be tested.

Dr. Caldwell thought the test to be a rational one, because of the increased nutritive changes taking place in the uterus, but thought that intramural growths, etc., would give the same results.

Dr. Lynch did not agree with him in the latter respect, but regarded metritis or endometritis as a possible source of fallacy.

Epulis.

Dr. Brown brought before the Society a patient, upon whom he had operated, with the following history: The man, aged fifty-five, received, about one year ago, a blow over the right inferior maxilla with a piece of iron. Soon after he noticed a swelling of the gum, and two teeth were extracted by a dentist, who supposed the swelling to be caused by a dental abscess. The tumor continued to grow, however, and was diagnosed by Professor Smith, an epulis. Dr. Brown regarded the tumor as malignant, and advised its removal, which was effected by an incision commencing to the left of the median line of the chin, descending in a curved line to the inferior margin of the maxilla, and passing backward to the ramus. The bone was then nicked with a saw, and the diseased portion broken away. The flap was restored to its place, and, notwithstanding the extent of surface made bare, healed by the first intention. The line of incision is hidden by the beard, and the patient suffers little or no deformity.

Pyæmia.

Dr. Wilkins related the following case: A woman, aged 48, was seized in the evening with a chill, followed by fever and sweating; this occurred the next evening also. Suspecting quotidian intermittent, quinia in free doses was administered, with some benefit. On the third day the fever became continuous, the patient markedly jaundiced, the heart's action irregular, and intermittent, and the joints painful. On the fifth day the tissues of one eye became generally involved, and Dr. Chisholm, who saw the case in consultation, regarded it as acute fatty degeneration of the ocular structures. Death occurred in one week from the onset of the attack. The doctor attributed the death to pyæmia.

Dr. Lynch differed from him, regarding the case as one of acute yellow atrophy of the liver.

Dr. Wilkins claimed only probability for his diagnosis, and regretted his inability to have confirmed it by a post-mortem.

Craniotomy.

Dr. Seldner related a case of craniotomy upon a patient of Dr. Welch. The woman was the mother of two children, but in both cases the labor had been tedious. When first seen the uterus was tetanically contracted. It was found, upon vaginal examination, that the conjugate diameter of the pelvis was but two and a half inches; the fœtal head large and thrown forward, resting on the crest of the pelvis. The funis was protruding from the os, and showed no pulsation. Deeming the use of the forceps in this case to be out of the question, version was performed, the body and arms delivered and craniotomy had recourse to. The doctor afterwards explained, in answer to Dr. Arnold, that version was done in order to avail of a chance of delivery in that position, and also to fix the head in the event of craniotomy being necessary.

Cancer of the Tongue.

Dr. Monmonier related the case: The patient was first seen about one year ago, at which time the growth was small and confined to the anterior portion of the left side of the organ. Recognizing the malignancy of the disease, he advised its immediate removal. The patient declining operation he was lost sight of until two weeks ago. The disease had in the meantime spread to such an extent that two thirds of the tissue of the tongue were involved. It not being considered practicable to remove the tumor through the mouth, an incision was made through the floor of the mouth, the tongue drawn through and removed by the ecraseur. The patient has returned home with the power of deglutition perfect, although articulation is, of necessity, impaired.

Diphtheria.

Dr. Arnold stated that he had recently attended, in one family, five cases of diphtheria, occurring consecutively (he mentioned the number to show the virulence of the disease). Of the five he lost one, and in this case the disease involved the larynx. In the others, although the disease was severe it did not involve this organ. The point he desired to establish was that when the larynx is not involved, the danger from diphtheria, in most cases, is not very great.

Dr Lynch said that his experience confirmed this view. He believed that the establishment of cinchonism early in the disease is preventive of this invasion of the larynx, and that since he adopted the quinine treatment his proportion of fatal cases had been much smaller.

Action of Ergot on the Uterus.

Dr. C. C. McDowell related a case of a woman who had never borne a child, to whom ergot had been given for the relief of hemorrhage. The administration of the drug was followed by violent expulsive pains. He related the case to sustain the opinion that ergot has an influence upon the unimpregnated uterus, and over that which never has been pregnant.

Scarlatina, etc.

Dr. Lynch related a case which he thought would bring out three points, viz, the concatenation of misfortunes to which some people are subjected, the wonderful and unexpected vitality exhibited, and some points in treatment. On December 20th he was called to see a boy, six years old, suffering with scarlatina; very sore throat, and temperature 106°. The case got along very well, and the doctor was about to discharge it, when symptoms of violent nephritis set in. The urine was loaded with albumen, and hematuria also existed. Under the microscope fibrinous tube casts were seen. The patient became rapidly anasarcous, and the anasarca being excessive resort was had to severe purgation with elaterium; this benefited the patient, and three days after the doctor again resorted to it, when uræmic convulsions supervened. Five minims of Magendie's solution were administered hypodermically, and in six or seven minutes the convulsions ceased. As the anasarca was still present, fl. ext. jaborandi (ℨss.) was used. This produced profuse perspiration, and relieved the dropsy. Several days subsequently the boy was attacked with a most violent pulmonary congestion; there was a very severe, almost constant, cough, with expectoration of bloody, frothy mucus. The pulse was too rapid to count, supposed about 200. Owing to the feebleness of the patient, and his dropsical condition, bloodletting was inadmissible; veratrum viride, in ten-drop doses every half-hour, was resorted to, one-sixth of a grain of morphia having been previously administered hypodermically, to prevent the prostration and nausea produced by the former drug. After four doses the pulse was reduced to 50 per minute. Under the use of wine, iron, spt. mindereri, etc., the patient recovered. A few weeks ago, by mistake, one ounce tr. opii was administered to the child for vin. ferri amari. The mistake was discovered early, and the doctor administered the ordinary remedies, and the child is now well. Dr. Lynch spoke of the value of morphia in uræmic convulsions, and of veratrum viride in pulmonary congestion, and his opinions concerning the great efficacy of the drugs in these cases he had repeatedly verified.

Dr. Erich asked whether the doctor had not seen the toxic effects of veratrum manifested when exhibited in such large doses.

Dr. Lynch said he had seen such a result in the first case in which he had used it. He commenced with four-drop doses, and increased by one drop every hour until he reached ten drops. The most alarming prostration followed, but the patient recovered rapidly from the pneumonia for which it was administered. When veratrum is preceded by morphia, the nausea and extreme prostration are not likely to ensue.

Bright's Disease.

Dr. Evans was consulted by a gentleman visiting the city who was suffering from extreme anasarca. His disease had been diagnosed as Bright's disease, by a physician in Virginia, and he had been under treatment for it. Nitric acid and heat showed that about two-thirds of the urine in the test tube was albumen. The doctor regarded the case as necessarily fatal, but to palliate he administered tincture ferri chloridi, in half-drachm doses, and half-ounce doses of Rochelle salt every three or four hours. The patient's appetite was good, and in an upright position he could sleep well. In three weeks the swelling had nearly disappeared, but the urine was still albuminous. In this condition the patient returned home. In five or six months the doctor was consulted, by letter, by the gentleman's physician, asking the details of treatment, which were given. About five or six weeks ago the gentleman presented himself again. There was a slight amount of anasarca, but the urine exhibited, after several different tests, not a trace of albumen. The treatment was continued in diminished doses.

Dr. Lynch asked whether the microscope had been used as a test in this case, and upon receiving a negative answer remarked that there are cases of albuminuria that are by no means Bright's disease, and that the microscope is a necessary test, unless the rational symptoms are unequivocal. Dr. Lynch had a case in his clinic some time since, of a young man whose urine, chemically and microscopically, gave unmistakable evidence of organic renal disease. Iron was used unsuccessfully, the patient becoming worse. Having seen an article in the *American Journal of Medical Sciences*, upon the use of potass. iod., in large doses in this disease he resorted to it. Thirty grains three times a day were ordered, and a warmer climate recommended. The patient went to New Orleans. The drug was persisted in for a while, stopped and recommenced. Some time after this he presented himself again at the clinic, and not a trace of his disease could be discovered.

Dr. Evans wished to state, in addition, concerning the case he had related, that previous to his seeing him he had fallen overboard, had had an attack of rheumatism (acute), succeeded by the renal disease.

Dr. Erich thought there was a possibility of one kidney only being diseased, and this being arrested, by treatment or otherwise, the other kidney performs the functions of both, and the patient's health does not suffer materially.

Dr. Arnold had not been so fortunate with his cases. It is a well known fact that Bright's disease is liable to fluctuations, which are sometimes very flattering, but delusive. Bright's is invariably a bilateral disease, and he thinks this is established by its great mortality. There are many diseases that produce albuminous urine, as cardiac disease, diphtheria, venous stasis, from any cause which will secondarily produce renal congestion, etc. He thought Drs. Evans and Lynch's cases were not Bright's disease, but desquamative nephritis, from which patients may recover, as there is no tissue disorganization or degeneration. The chemical test alone is not sufficient to establish the existence of Bright's disease, as there are not only other diseases that produce albumen, but there are numerous sources of fallacy, unless the examiner be very expert. Apparent recoveries from Bright's disease are recorded which are not really recoveries, for the patients die of some of the results of it—as pleuritis or inflammation of other serous membranes. He regarded the iron treatment as the most promising. He related a case of acute œdema of the lungs, a consequence of Bright's disease, in which the first symptom that attracted attention to the kidneys was hypertrophy of the left ventricle, without valvular lesion.

Dr. Lynch agreed that recovery from Bright's disease is very rare, but believes that cure does occur occasionally, and that the prospects for this termination are in inverse proportion to the age of the patient. The only cure that he had seen, of marked Bright's disease, was the one related above; the patient was aged about twenty. It has now been twelve months since his return to the city, and the urine has been repeatedly examined, chemically and microscopically, but without the discovery of evidence of renal disease. In children suffering with the desquamative nephritis consecutive to scarlatina proper treatment nearly always relieves entirely.

Dr. Erich still believes that one kidney only may be affected.

Dr. Cathell stated that Dr. Garrod claims that invariably both are affected.

Dr. Lynch said that Dr. Harley, of London, who has given special study to this matter, and whom he regards as the best authority, states that post-mortems sometimes reveal that one kidney only was diseased, but that these cases are very rare.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Use of Venesection in Convulsions.

At a late meeting of the Clinical Society of London, Dr. Broadbent read notes of a case of convulsions treated by venesection. A gentleman, aged about forty-one, who had had syphilis when young, and twelve months before had received a severe injury to the head, and was supposed to have had fracture of the base of the skull, had an attack of convulsions, while in bed, early in the morning of July 23d, 1877. On the 25th he said he had suffered a little from headache, but was then quite well, but while in conversation momentary suspensions of consciousness were observed, and there were present on the forehead and chest innumerable capillary extravasations. He had always lived generously, but without going to excess, and had recently resumed his usual habits after long care and abstinence, rendered necessary by the injury to the head. About 2.30 or 3 A.M. on July 26th the patient was again seized with convulsions, which continued to recur every fifteen or twenty minutes, in spite of appropriate treatment by Dr. Gaven, and Dr. Broadbent was called in. At this time, 7 or 7.30 A.M., the patient was, as he had been from the first, perfectly unconscious. During the intervals he moaned loudly, and tossed restlessly, and the face had an expression of suffering. There was no evidence of paralysis; the eyelids were firmly closed, and resisted the attempts to open them; the pupils were equal, and of moderate size. Pulse small and weak, but long. As the convulsion came on the moaning ceased, and the eyes were widely opened. There was then a prolonged groan and scream, and all the muscles of the body and limbs were affected by synchronous violent jerkings. As the attack progressed the face became livid, the pulse imperceptible, the respiratory movements ceased, and it seemed as if death must have ensued had not Dr. Gaven, at the critical moment, depressed the tongue and performed artificial respiration. Calomel had already been placed on the tongue, mustard applied to the calves, and chloroform administered.

On consultation, it was resolved to bleed, and a vein was opened by Dr. Gaven, and thirty ounces of blood abstracted. Another convulsion came on, not less violent than the previous ones, but it was the last, and the convulsions having entirely ceased, the patient gradually regained consciousness on the same day, could speak on the next day, and was soon able to leave town. The chief reason for the employment of venesection was the urgency of the case. Every convulsion was attended with danger to life, and the repetition of the attacks was likely to injure the brain, especially at the patient's time of life. The condition on which the convulsions depended was not known, but they were probably due to the state of the cerebral circulation, and therefore capable of being influenced by the bleeding. The injury had probably left thickening of the membranes of the base, which might interfere with the movements of the blood or with the interchange between blood and cerebro-spinal fluid. The patient was, moreover, in too plethoric condition, and had been living too generously, considering the date of the injury. Finally, the state of the pulse and of the general circulation was similar to that which accompanies uræmic convulsions, for which bleeding is found most useful. The amount of blood taken was rather large, and was greater than was originally decided upon, *i. e.*, twenty ounces; but the heart did not falter, and the pulse became large and soft as the blood flowed. The mere loss of blood was a trifle in comparison with the danger to be averted, and Dr. Broadbent had often had to regret that venesection had not been recommended, or had been put off till too late, or that too little blood had been taken; never that bleeding had been practiced unnecessarily or too largely.

On Spinal Paralysis in the Adult.

The following instructive cases are two of four, quite similar, reported in the *Berliner Wochenschrift*, by Dr. G. Salomon. They are interesting from their similarity to infantile paralysis:—

The first was that of a previously healthy man, aged about twenty, who, after standing sentry one night, in a deep snow, noticed in the morning an unusual feeling of fatigue in both legs; it was not, however, until the day following that the loss of power was such as to oblige him to keep his bed; the paralysis rapidly increased until he was quite unable to stand. Iodide of potassium was administered for several weeks, and the patient improved so far as to be able to walk a little with a stick; he was always, however, worse after any exertion, and his condition now became stationary. Sensation was perfect, reflex irritability normal, the bladder and rectum unaffected. The patient was rather unsteady when standing with his eyes shut; his general nutrition, as well as that of the paretic extremities, was good, and no other evidences of disease could be detected. In applying the induction current directly to the muscles, a very powerful and painful current had to be used before contraction was caused; the muscles of the leg were less sensitive than those of the thigh, and the peronei and tibialis anticus reacted worse than the muscles of the calf. The reaction throughout the right limb was worse than in the left. Muscular contraction was even more difficult to obtain when the current was applied along the course of the nerves; through the peroneal nerves, especially, it was only by the strongest current that the slightest reaction could be caused. By the galvanic current applied to the muscles, prompt, quickly ceasing contractions were produced. Under galvanic treatment the case progressed favorably and the patient perfectly recovered.

A lady, aged about twenty-five, who had had an attack of right sciatica, one and a half years ago, but had since been quite well, found, one morning, after having danced a great deal the night before, that she was only able to move her right arm and leg imperfectly. For three weeks she was treated with purgatives, also occasionally with iodide of potassium, and some slight improvement took place; at the end of this time all movements were possible so long as the patient lay in bed; the pressure of the right hand was considerably less than that of the left; there was no wasting of the affected limbs; sensibility remained unaltered and the general health undisturbed. No pain had been felt from the beginning of the illness. The patient was able to walk slowly, but the right leg dragged; she could hold light objects in her right hand, but very soon it commenced to tremble a good deal, and she was quite unable to hold anything at all heavy. The results of the application of electricity to the affected muscles did not differ materially from those of the foregoing case, except that the muscles supplied by the right ulnar nerve were more sensitive to the galvanic current than the same muscles on the left side. The case was treated by galvanism for a fortnight, but no improvement occurring, the patient was sent away for change of air, and gradually, but completely, recovered.

The Excretion of Indican in Disease.

Prof. Senator (*Berliner Klin. Wochenschrift*, October 1) has found an increased excretion of indican in peritonitis, in ileus with stercoraceous vomiting, in cancer of the stomach, in malignant tumors of the abdomen, in pernicious anæmia, leucæmia, and pseudo-leucæmia, in acute febrile diseases, in idiopathic contracted kidney, and very frequently in phthisis. He uses the following method. To a certain quantity of the urine to be examined an equal amount of fuming hydrochloric acid is added. The result frequently is the formation of a dark blue cloud, which becomes more distinct on the addition, by drops, of a saturated solution of chloride of lime. The indigo freshly formed from the indican is best extracted by chloroform, and the amount, whether greater or less, can be estimated from the color. In many of the cases in which there was an increase of indican, the urine also contained an abundance of lime.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——House Air the Cause and Promoter of Disease. By Professor Frank Donaldson, M.D. Reprinted from Maryland State Board of Health Reports, January, 1878.

He assumes that though ventilation is a trite subject, yet, practically, the community is not a live to the fact that impure airis a poison, and is, directly or indirectly, the cause of great mortality. The subject is discussed under four heads:—

1. What pure air is.
2. Its physiological action.
3. How it becomes vitiated and poisonous in houses.
4. The diseases it produces.

Among the many causes given as sources that vitiate house air, one is peculiarly striking—that of animal odors proceeding from our kitchens. They float in the atmosphere, and render the air not only disagreeable at the time, but they are deposited in carpets and closets, old clothes, etc. They undergo decomposition, and promote, if they do not actually cause, typhoid fever and other filth diseases. In the "City of Health" the kitchen is to be on the uppermost floors. An official sanitarian is suggested; "one who understands his science, whose duty it shall be to see that houses are constructed with due regard to the entrance and exit of air, that water closets are placed in proper positions," etc.

——Dr. Henry Martin points out the value of the strong elastic bandage in ulcers, diseases of the joints, varicose veins, rheumatism, neuralgia, cutaneous diseases, etc. (Reprint from the transactions of the American Medical Association, by James Campbell, Boston. pp. 27. Price 25 cents).

——The *Michigan Medical News* is the title of a semi-monthly journal recently started in Detroit, under the management of Dr. J. J. Mulheron. It presents several original articles of ability, and a good selection from other journals.

——Braithwaite's *Retrospect* for January is out, containing the usual judicious selections of articles, principally from the English weeklies.

——The Twenty-fourth Registration Report of Rhode Island comes to us with its statistics worked up in its usual accurate style. Many of its deductions offer food for thought; for instance, this one (p. 60):—"The proportion of children with a foreign father and American mother is constantly much greater than the proportion of those with an American father and foreign mother." A number of suggestions occur to one, in seeking the explanation of this curious fact.

——Circular No. 10, Surgeon General's Office, U. S. A., gives the approved plans and specifications for post hospitals. It is amply illustrated, and gives, in full detail, the specifications for hospitals of twelve and twenty-four beds.

BOOK NOTICES.

On the Uses of Wines in Health and Disease. By Francis E. Anstie, M.D., etc. Reprinted from the *Practitioner*. London and New York, MacMillan & Co., 1877. 12mo, pp. 74. Price 75 cents.

The late Dr. Anstie was an earnest advocate of the moderate use of wine as a beverage in health, and as a stimulant appetizer and digestive in illness. Though in this he is opposed by many careful hygienists, his arguments are conscientious and well put. His articles in the *Practitioner* excited considerable comment when they appeared, and it is not amiss to reprint them. Whether it has been done at the instance of the California Wine Company, whose advertisement appears at the back of the book, we know not; but it may not be amiss to say, in this connection, that the California wines, however abundant, leave so much to be desired in flavor, body, and careful manufacture, that they rank very low either as dietetic or medicinal beverages, and must, for a long time to come.

Cyclopædia of the Practice of Medicine. Edited by Dr. H. Von Ziemssen. Volume xiv. Wm. Wood & Co.

The fourteenth volume of this well known work is on diseases of the nervous system and disturbances of speech. The authors are Drs. Eulenberg, Nothnagel, Von Ziemssen, Jolly, Kussmaul and Bauer. The principal diseases treated are epilepsy, eclampsia, tetanus, catalepsy, paralysis agitans, chorea, hysteria, and the various disturbances of speech. The last mentioned is a particularly profound study of the subject, by Kussmaul, of Strasburg, occupying over three hundred pages, and entering upon the discussion in the most philosophical manner. His statements of the theory of speech in its correlations to self-conscious intelligence demand, and are worthy of, the closest consideration. The first article, by Eulenberg, on vaso-motor and trophic neuroses, is another admirable analysis of these extremely obscure maladies.

Cerebral Hyperæmia, the Result of Mental Strain or Emotional Disturbance. By William A. Hammond, M.D., etc. 12mo, pp. 108. Price $1.00. G. P. Putnam's Sons. For sale by Claxton, Remsen & Haffelfinger, Phila.

Dr. Hammond tells us cerebral hyperæmia is the most frequent affection of the nervous system. Severe mental labor or ill regulated emotions are its cause. He goes on to discuss its diagnosis, pathology, treatment and prevention. Many curious facts and cases are woven into the details of the narrative, as, for instance, the greater activity of the mind when lying down. As for prophylaxis, we must cultivate self-government, a moderate ambition, an Olympian calm of the passions, and

> "Learn our little barks to steer
> With the tide and near the shore."

A Manual of Nursing, Prepared for the Training School of Nurses attached to Bellevue Hospital, New York. G. P. Putnam's Sons, 1878. 12mo, pp. 143. Price $1.

A careful summary is here presented, of the directions found in the half dozen most popular books on nursing, in England and this country. The ground covered includes the care of the ward, the beds and the patient; the administration of medicines and local applications; the dressing of wounds, and the nurse's duty in operations; what to do in the most frequent emergencies; monthly nursing and the nursing of children, and cookery for the sick. The style is simple and clear, and it would be well for physicians to recommend the book extensively to those who make it a business to do nursing—though these, as a class, are conceited and unwilling to be taught, in direct proportion to their ignorance.

THE

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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LATE STUDIES OF CONSUMPTION.

The more closely mortuary statistics are scanned, the more prominent does consumption appear as the most fatal of all the diseases of modern life. It is generally accepted, that out of every one hundred deaths, from 15 to 18 are attributable to this disease; but this statement discloses but a partial view of its terrible fatality. A very large proportion of deaths are of infants and young children, before they reach the age where this insidious disease commences its ravages.

What the fatality really is, has lately been very carefully estimated in the second volume of "The Mortuary Experience of the Mutual Life Insurance Company, of New York," edited by Drs. G. S. Winston, W. R. Gillette and E. J. Marsh. A large portion of this valuable analysis is devoted to consumption, and the deductions are in several respects novel and startling; the more so, as they have been made with conscientious care, from a wide series of observations. Thus it has been ascertained, beyond reasonable doubt, that *nearly one-third* of all the deaths occurring among adult males, in New York city, are caused by consumption.

It also appears that the prevailing opinion, which, moreover, has been backed by such prominent authors as Drs. Flint, Bennett and Niemeyer, that youth is "the harvest time of consumption," and that the liability to it decreases with advancing years, is an error; in fact, just the reverse is true. In proportion to the number living, consumption is a more frequent cause of death between 60 and 70, than it is between 20 and 30 years.

It is not quite certain that there is any marked distinction between the phthisis of the aged and the youthful. Such a distinction has, indeed, been alleged, by Dr. F. H. Davis, of Chicago, in an analysis of 965 cases published in the last volume of the *Transactions* of the American Medical Association. He asserts there is a marked contrast between hereditary and acquired phthisis, the latter occurring in none of his cases before their eighteenth year, while it does in the large majority of elderly cases. In the present condition of pathology it is doubtful if this distinction can be maintained in other than a very general manner.

In regard to hemorrhage as a prodromic symptom, the authors of the work referred to differ diametrically from a late writer in this journal (Feb. 16th, p. 123). They consider it always a symptom of very ominous portent; they state that it is, without exception, the most valuable sign, to the examiner, of the consumptive diathesis, and recommend, whatever its reported cause or source may be, whether "from the throat," "from the stomach," etc., as persons are accustomed to say, that it should never be disregarded, and no person should be considered a safe risk for life insurance until *ten years* have passed after its occurrence.

Some excellent remarks on the same disease were lately made by Dr. HAYDEN, before the Medical Society of the College of Physicians, of Ireland. Dr. HAYDEN stated that he believed primary tuberculosis of the lungs to be not only possible, but of very frequent occurrence. With most writers, he recognized three stages of the disease—deposition, softening, and excavation. A careful statistical examination of three hundred and thirty cases gave the following results. As might be expected, from the chronicity and slow progress of the disease after forty-five years, both lungs were affected in a larger proportion of cases at that period of life than at any other, while both were least frequently affected, relatively to number, between the ages of fifteen and twenty-five years. Where one lung only was affected, the right maintained a preponderance at all periods save the last. Hæmoptysis was most frequent between the ages of twenty-five and thirty-five years, and at all periods it occurred more than once in the proportion of two to one of the cases in which it was exhibited. The proportion of phthisicals in whom hæmoptysis did not occur at any time was nearly two-thirds. ANDRAL set it down at one-sixth. Clubbing of the fingers was presented in very nearly the same numerical proportion at the several periods. Excavation was most common under fifteen years, and was associated with illness of less than six months' duration in the proportion of somewhat less than one-third of all the cases in which it was exhibited.

It is questionable whether any material advance in treatment has been suggested of late. Dr. DAVIS somewhat pathetically remarks, "As to the treatment of true tuberculosis, I have nothing new to offer. The contest in those cases is narrowed down to a fight against particular symptoms as they arise."

This is the true state of the case, as we are obliged to confess. Hygiene, tonics, care, and change of climate may postpone for years the inevitable conclusion of the battle, but it is one in which the foe, though slow in advance, is invincible.

NOTES AND COMMENTS.

Muscular Atrophy and Hypertrophy.

A curious case was exhibited to the Medical Society of Vienna, lately by Prof. Bamberger. It was of a boy, aged 14. Nothing could be ascertained regarding the origin of the disease, and he did not appear to be the subject of any hereditary affection. Since his fifth year he had complained of gradually increasing pain in the limbs. On examination, the muscles of the shoulder-girdle, especially the pectorals and serrati antici majores, were found to be greatly atrophied. Some of the muscles, however, as the deltoids and the extensors and supinators of the forearm, were unusually large. The most remarkable appearance, however, was the increase in mass of the muscles of the lower limbs, especially in the calves. The patient, however, could neither stand nor walk; and the movements of the upper limbs were greatly limited in all directions. The electric irritability of the muscles to both forms of current was lowered. Some of the hypertrophied muscles were soft, while others felt firm, probably in consequence of predominance of the connective tissue over the fat. There was considerable lordosis of the lower parts of the spine, probably caused by the disturbance of the centre of gravity of the body by the excessive increase of the mass of muscular tissue in the posterior periphery. The skin was mottled and cold, but presented nothing abnormal.

Remarks on Hydrophobia.

For a long time so much attention has not been devoted to hydrophobia as within the last six months, in England and France. At one of the late meetings of the Paris Academy, M. Proust read a paper on the various cases of rabies observed in France since 1850. The following were the principal facts brought out. The dog is not dangerous, except when it is under the dominion of the ferocious instincts which the disease has aroused in it. It is more treacherous when the sentiment of affection is still lively in it; when, its saliva being already virulent, the animal is more caressing than usual. The widely spread opinion that canine rabies is always and of necessity characterized by the horror of water, is absolutely false. Mad dogs have so little horror of water that they have been seen to cross rivers, to attack flocks of sheep seen by them on the other side.

The Uses of Salicin

In reply to Dr. Scherer's article (Reporter, p. 97), Dr. H. Zeising, of Peru, Ill., sends us the following case:—

On January 2d, Charles Z., a man of middle age, was taken with a severe attack of inflammatory rheumatism. Prescribed—

℞.	Potassii. sodii.,		ʒiss
	Potassii. bromidi,		ʒj
	Aquæ dest.,		℥iij
	Vini sp. colchici,		
	Syr. simp.,	āā	℥j

Sig.—One dessertspoonful to be taken every three hours. Quiniæ sulph., grains six, at night.

In nine days he was able to sit up, but complaining much of stiffness and soreness of the affected joints, I ordered salicin, ten grains, four times a day. In four days he had a relapse, worse than the first attack, and it took him three weeks to get as far as he was before the relapse.

Dr. Edward Vanderpoel, of New York, also sends the following:—

Madame J., aged 45, of full habit, weighing 180 pounds, was prostrated on a Monday morning in July, during the Centennial Exhibition, with swollen and painful wrists and ankles, with considerable fever. After a laxative, I prescribed twenty-grain doses of salicin every two hours, until perspiration and ringing in the ears appeared, which was continued for three days, four or five doses being required each day; afterward a few ten-grain doses; she was well by Saturday. She continued well all of the next week, attending to her business as a modiste. The following Sunday, having company, she engaged to go with them the next Saturday to the Exposition in Philadelphia. The following Monday morning I was sent for again, finding her in the same condition as at first. Repeating the salicin in twenty-grain doses, as before, I left her well on Thursday, and on Saturday she went to Philadelphia, quite well, and has been so ever since. I have used it in the same successful way in other cases, and in pleurodynia, and lately in a severe case of painfully stiff neck and shoulder, which was dismissed after two days' treatment, and other painful muscular affections from exposure, with the same success.

Dangerous Colors in Wall Papers.

Mr. L. Siebold, in a lecture on this subject, stated that out of sixty or seventy papers of various colors, blue, red, brown, pink, etc., analyzed by him, ten only were harmless, the rest containing arsenic. There is a popular impression that green papers only are to be feared; but the result of Mr. Siebold's examination should have the effect of rendering householders and heads of families suspicious of some of the most innocent-looking colors. It is reasonable to assume that to the presence of deleterious ingredients contained in certain wall papers may be ascribed many little illnesses of children, where no apparent cause exists for the same, and which sometimes puzzle the medical attendant.

CORRESPONDENCE.

Removal of Foreign Bodies from the Urethra.

Ed. Med. and Surg. Reporter:—

I would like, with your permission, to suggest a device for the removal of impacted foreign bodies, portions of calculi, from the urethra. Take a large gum catheter, cut squarely off at the eye, smear the open end with a soft lubricant, pass it down and press it lightly against the body. Then attach to the opposite end the nozzle of a four-ounce syringe, with an accurately fitting piston; slowly exhaust the air, and at the same time slowly withdraw the catheter, keeping up the process of suction. I have never tried this plan, but it seems feasible theoretically. Never having seen any mention in my readings of such a plan I thought it might prove of use as a resource when other means fail. Should it prove successful I should regard it as a safer method than the different forms of urethral forceps, which are so liable to lacerate the delicate tissues of that most sensitive passage. Another method worthy of trial, viz: A similar catheter, prepared in the same way as above, with a loop of fine iron or silver wire passed through its length, the two ends projecting externally, the loop to be used as a snare to draw the body within the open end of the catheter. The above suggestions may be no novelty to many of your readers. They are to me, and may prove useful hints to some. A. J. Jessup, M.D.

Westtown, New York.

An Unusual Case of Diphtheritic Poisoning.

Ed. Med. and Surg. Reporter:—

I was called, January 1st, 1878, to see Mr. N., aged 44; married; occupation, retired farmer; family history good; had never seen a sick day in his life. Upon questioning him I found that five days previously he noticed that he was not feeling quite so well as usual, and gradually grew worse, having pain in his head, back and limbs, until he came under my observation. Upon examination I found a diphtheritic deposit on the right tonsil, about the size of a silver quarter. This deposit disappeared in about five days, but as it passed away the cervical glands on the same side began to enlarge, until the swelling occupied the whole lateral aspect of the throat. His complexion began to change, presenting very much that peculiar waxy cast present in carcinoma. As he exhibited signs of debility from the first, I put him on iron and quinine, with a nutritious diet, linseed poultices to the inflamed cervical glands, and opiates to relieve the extreme restlessness present. There being no change in his condition for the better, and there being considerable hemorrhage from his nostrils, I called, January 17th, Dr. V., in consultation. He verified my diagnosis, and advised the same treatment that I was pursuing.

Jan. 18th. Examined patient's urine, and found not even a trace of albumen, but quite an excess of urates, as is always the case where great waste of tissue is going on.

Jan. 20th. Dr. B., being on this side the river to see another patient, kindly consented to visit Mr. N. with me. He agreed with Dr. V. and myself, advising that the stimulants, tonics and diet be pushed to the fullest extent.

Jan. 21st. Patient began to pass blood from the kidneys.

Jan. 22d. The tumor on his neck giving distinct signs of suppuration, I made a slight incision, finding but little pus; but the wound made continued to bleed freely until the following morning, when I applied a little of Monsel's powder, which stopped it. Again saw Dr. V. in consultation; he prescribed gallic acid in three-grain doses, to be repeated every two hours; quinine, stimulants and milk to be continued.

Jan. 23. Dr. V. examined patient's urine microscopically, and found white corpuscles in great excess; patient began to loathe everything in the line of food and medicine, except the brandy; vomited several times during the day, vomit consisting of blood, principally.

Jan. 24th. Urine the same; gave nothing but brandy and milk after 11 A. M. Dr. V. called again in the P. M., and prescribed fluid extract of ergot, but it was of no avail, as my patient sank rapidly until the following morning, when he died of asthenia. During the last week of patient's illness his eyesight was very much impaired, muscæ volitantes, followed by complete loss of sight. The hemorrhage, which was so general from the mucous membrane, we could not trace to any hemorrhagic diathesis; could account for it in no other way than the change the blood had undergone from the effects of the diphtheritic poison. We were denied a post-mortem examination, consequently could not study the case as fully as we could have wished.

It is seldom that diphtheria takes on this peculiar form. It was one of those unfortunate cases which we are called to attend, which go on from bad to worse in spite of all treatment, and all the practitioner can do is to stand helplessly by and contemplate his own weakness. Elbert T. Rulison, M. D.

Bath on the Hudson, N. Y. Feb. 2, 1878.

NEWS AND MISCELLANY.

Eastern Epidemics.

The cholera has broken out with violence in Southern Arabia, at Mecca and Jeddah, among the pilgrims. The plague in Northwestern Persia has been steadily extending its ravages, especially in Resht and the neighboring district. Either of these dreaded epidemics would prove particularly formidable in view of the massing of troops in Turkey and Egypt, and the unavoidable neglect of sanitary precautions.

Infant Mortality in Europe.

The population of the Netherlands, at the beginning of this year, is estimated at 3,865,456 persons. During the last quarter the birth-rate was equal to 37.2, and the death-rate to 22.1 per 1000 living. The deaths of infants under one year of age, during the three months, were 7755, and were equal to no less than 214 per 1000 births registered; whereas the proportion in England was 138 per 1000.

Opium Eating.

An exchange says that investigation into the opium eating habits of residents of the Shenandoah Valley reveals the fact that, in the town of Staunton, 100 pounds of the drug are sold every week. Many young women and "ladies of the first families" are slaves of the habit. A public anti-opium meeting has been held, and a petition for a tax on the drug is in circulation.

Asylums for Feeble-minded Children.

These charities are being extensively introduced into England. In London an asylum to accommodate 500 idiot boys is being erected. A further proposal is made to build another asylum near by, to accommodate 500 imbeciles. The City of London and other asylums for the insane exist in the same neighborhood, the space to be devoted for the accommodation of the mentally afflicted of London being as large as the area of the whole of the City of London proper.

Personal.

—The eminent ovariotomist, Mr. Spencer Wells, has resigned his hospital appointments, and will henceforth confine himself to private practice.

—December 19th was the hundredth anniversary of the death of the great physiologist, Albrecht von Haller. It was celebrated with great pomp at Berne, the University and municipal authorities having combined for this purpose. Deputations from the Federal Council, the Federal Chambers, and Swiss and foreign universities, took part in the ceremonial, and a medal was struck on the occasion. The committee charged with the preparations have published a biography, with an admirable portrait, of Haller.

—The cable announces the death of Claude Bernard, who came to Paris as a young man, with a tragedy in his carpet-bag, and finding nobody who wanted to play it, became one of the greatest physiologists of the age. Few men have thrown such light as he on the subtle processes of digestion, and the causes of the obscure malady known as Bright's disease. He was born July 12, 1813, and graduated in medicine in 1843. In 1856 he succeeded the famous Magendie as Professor of Experimental Physiology. His principal works are "Lessons in Experimental Physiology as Applied to Medicine," and "Memoir on Animal Heat." He was elected to the French Academy in 1868, succeeding Flourens, and was made a Senator by Napoleon, in 1869. He was a commander of the Legion of Honor.

QUERIES AND REPLIES.

Quartan Ague.

A subscriber asks for recipe for ague. Below I offer one which has been quite efficient in my hands for this purpose, as well as for a general tonic.

R.	Sulphate of iron,		drachm i-ij
	Nitric acid,		fl.drachm i-ij

Place together in mortar, and when effervescence ceases, add—

Nitrate of potash,		drachms iij
Sulphate of quinine,		drachm j
Water,	q. s.	ounces vj.

Dose.—One teaspoonful in a wineglassful of water, thrice daily, with Fowler's solution, five drops, where arsenic is needed.

Lafayette, Ala. M. J. Eley, M.D.

Dr. C. G. S., of Pa.—Can any one of your readers recommend an effectual remedy for hemorrhoids, either external or internal?

Dr. A. D. P., of Mo.—Chrysophanic acid can be obtained here. It is dear, costing at wholesale $1.25 per gramme (fifteen grains). The color is from bright yellow to a dark umber.

OBITUARY.

DR. LUNSFORD PITTS YANDELL, SR.,

Of Louisville, Ky., died February 4th, after a short illness, of pneumonia. He was born in Sumner county, Tenn., July 4th, 1803; graduated at the University of Maryland in 1825; was called to the chair of chemistry in Transylvania College in 1831; and came to Louisville in 1837, where, with brief absences, he has since resided, occupying at all times the front rank in the profession of that city. As an author, he was most active, and extended his studies over a wide field, including geology, palæontology, botany, and all portions of natural history. His literary tastes were of the highest order, and his memoirs of medical and scientific men, of which he prepared a great number, were striking examples of taste and beauty.

He prepared the paper on the "History of American Literature," for the International Medical Congress. The last two years of his life were chiefly busied with a "History of Kentucky Medicine," which he had completed, with the exception of one or two sketches which he had wished to add, a few weeks before his death. His last contribution to the literature of his profession was a paper on "The Diseases of Old Age," which will appear in a forthcoming number of the *American Practitioner*.

He was President of the College of Physicians and Surgeons, Louisville, in 1872; of the Louisville Academy of Medicine in 1875; and at the time of his death was President of the Kentucky State Medical Society.

MARRIAGES.

Clapp—Richardson.—On Thursday, Jan. 31st, at the residence of Dr. E. T. Richardson, Brooklyn Heights, by Rev. P. S. Evans, of Massachusetts, Hubert C. Clapp, M.D., of Boston, and Miss Mary O. Richardson, of Brooklyn, N. Y.

Hughes—Baker.—On January 24th, in Philadelphia, by the Rev. Dr. Willitts, Isaac W. Hughes, M.D., and Emily A., daughter of John C. Baker.

Hunt—Gale.—In Christ Church Cathedral, Montreal, on January 23d, by the Rev. Canon Baldwin, rector of the Cathedral, Dr. T. Sterry Hunt, F.R.S., of Boston, and Miss Anna Gale, of Montreal, eldest daughter of the late Hon. Justice Gale.

Mitheny—Dodds.—On Monday, December 10th, 1877, by Rev. Henry Easton, in the Mission Building, at Latakia, Syria, Rev. David Mitheny, M.D., and Miss Mary Ellen Dodds, both of the Mission of the Reformed Presbyterian Church in that place.

DEATHS.

Davis.—On January 31st, William A. Davis, M.D., aged eighty-two.

Pierson.—In Charleston, S. C., Dr. B. E. H. Pierson.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1096.] PHILADELPHIA, MARCH 2, 1878. [Vol. XXXVIII.—No. 9.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TRACHEOTOMY IN CROUP.—REPORTS OF TWO CASES.

BY JOHN H. PACKARD, M.D.,
Surgeon to the Episcopal and Woman's Hospitals, Philadelphia.

In May last I had the honor to read before the Philadelphia County Medical Society a paper* presenting some statistics as to the reported mortality from croup, and advocating the more frequent performance of tracheotomy in that disease.

During the discussion that followed, my own experience being asked for, I was obliged to say that, of the four operations I had then done for croup, none had been successful. All the children were relieved; one lived six days, and then succumbed quietly to the diphtheritic poison, which none of the means used, under the ablest advice and counsel, had availed to counteract;† another lived two days; another about twenty hours; and the remaining one ten hours.‡

Since that time I have had two additional cases, one of which, in private practice, was successful; in the other, at the Episcopal Hospital, the operation failed to save the child's life.

The successful case was so illustrative of the views I endeavored to set forth in my former paper, that a brief detail of it may be of interest.

George B., a stout child, a little over two years of age, was seen by me, at the request of Dr. R. R. Taylor, May 15th, 1877, at about 7.30 P.M. He had been under Dr. Taylor's care from the morning of the 14th, having shown symptoms of "a cold" for two days previously, after getting wet while at play.

When I saw him he was asleep; but his breathing was hoarse, thirty-six in the minute, with strong movements of the chest walls. Pulse about 140. There was some cyanosis as soon as he waked, when he began to struggle; voice wholly suppressed; some mucous râles throughout each lung.

An operation was decided on, and I performed it at once, with the aid of Dr. Taylor and Dr. C. M. Harris, who gave chloroform. There was no troublesome hemorrhage; but the child's neck was short, thick and plump, and the trachea in constant motion as he gasped. In about twenty-five minutes the tube was fairly in place, and the breathing was speedily relieved.

Dr. Harris stayed at the house all night. The child rested well. Enemata of beef tea, with small quantities of laudanum, were given two or three times; also inhalations of lime-water, and a mixture containing two and a half grains of chlorate of potash every two or three hours.

On the 16th two drops of tincture of chloride of iron were ordered every four hours.

17th. Two bad attacks of coughing and strangling occurred. The child now refused to swallow.

18th. Pulse 120. Respiration good. The

---

* Published in the MEDICAL AND SURGICAL REPORTER for September 29th, 1877.

† Case recorded in Hays' Journal, for January, 1870.

‡ This case was recorded in Hays' Journal, for April, 1872.

throat was swabbed out with nitrate of silver, two and a half grains to one fluid ounce of water. For 36 hours the only nourishment taken was by enema.

19th. He has had a bad night. Condition, however, much the same. The neck and lower part of the face were much swollen. He swallows a little at a time, very well. Throat swabbed out again. There is a great deal of muco-purulent secretion in the tube.

20th. He has had a better night; throat and face less swollen.

21st. Several severe strangling spells occurred through the night, and in the morning. At 2 P.M., the tube was removed and cleaned; he breathed pretty well, and expelled a good deal of tough, yellow muco-pus. Tube replaced.

23d. Tube removed again, and easily replaced.

24th. He was sleeping quietly at the time of our visit, 10 A. M.; had eaten freely of milk-toast for breakfast.

25th. Tube removed again, and kept out for about ten minutes. When he attempted to cry, there was some sound.

26th. He was playing about the room.

30th. Tube removed for about two hours. He breathed very well, but there was a good deal of secretion, and the voice was only occasionally and slightly audible.

31st. His father, by our direction, took the tube out at 8.30 A. M. At 2 P. M., when we saw him, he was perfectly comfortable; had said distinctly "Mamma, Nettie, Nonnie." We therefore allowed him to go without the tube, which was, however, kept clean, and in readiness to be inserted immediately, in case of need.

June 5th. At about 4 A M. he had an attack of difficulty of breathing, with cough and loss of voice; but at 9 30 A. M., when I saw him, it had passed off; he was breathing quietly, and spoke several times while I was in the room. He had some fever, but it seemed to be due entirely to indigestion, and was relieved by appropriate remedies. After this he had no more trouble.

On the 16th I saw him playing about and shouting loudly. Occasionally there was a rasping sound as he breathed, which seemed to be dependent on the presence of exuberant granulations on the inner aspect of the healed wound.

Very little need be said by way of comment on this case. Had we been tempted, by the favorable features of the child's condition, to postpone operative interference for twelve or twenty-four hours, the chances of success might have been greatly diminished. It seems to me beyond question, from the subsequent course of the case, that but for the tracheotomy the result would have been fatal. The fact may be noted that the entire nursing of the child was undertaken by his parents, who were intelligent and cultivated persons, and had already had much experience in sickness.

The other case, William M., aged two and a half years, was sent to the Episcopal Hospital, October 5th, 1877, by Dr. W. H. Bennett, for the purpose of having the trachea opened. The child had been sick for a week, under the treatment of an irregular practitioner. It seemed, as far as we could judge, that the trouble was wholly laryngeal. Cyanosis was very marked. The operation was rendered difficult by the occurrence of very copious hemorrhage, apparently venous. After many unsuccessful attempts to secure the bleeding vessels, the child being in an alarming state, I opened the trachea and inserted a large tube. Artificial respiration was then steadily and carefully employed, and ice applied at either side of the wound, while whisky and water were given frequently by the mouth. A good deal of blood was coughed and wiped out from the trachea, but at length the hemorrhage ceased, breathing was thoroughly established, and the little patient's condition became very good. He did well for about twelve hours, and then there were evidences of pulmonary congestion, especially at the lower part of the chest. This lasted some twelve hours, and then seemed gradually relieved; but the symptoms returned early in the morning of October 7th, and he died rather suddenly, thirty-one hours after the operation, just as he was slightly raised to take some food. No autopsy was allowed.

The reader will perhaps have noted the marked contrast between these two cases. In the one first mentioned, the early recognition of the gravity of the symptoms, the relief afforded by timely operation, and the careful, skillful and devoted nursing, were, beyond question, the means of saving life. On the other hand, the second child had been for a week attended by irregular practitioners, was in a less favorable state when operated on, and can hardly be supposed to have had the same care subsequently, from hospital nurses, as that which a father and mother, intelligent and experienced in nursing, could and would give.

I take this opportunity of adding a few words to the considerations presented in my former paper. Although the mortality reports of this and other cities contain statements of the number of deaths from croup, which may perhaps be approximately correct (allowance being made for errors either way, of omission or of admission), they certainly afford no reliable clue to the total number of cases of the disease. Data on this point would be difficult to obtain, and yet its settlement would be of interest and value. Perhaps the best way to solve it would be by addressing a circular to all the regular practitioners of the city or State, asking them to keep and transmit accurate records of all the cases of croup and diphtheria seen by each within a definite period, say one, two, or five years. The longer the period, and the wider the field reported from, the better. Under the most favorable circumstances, allowance would have to be made for some sources of error, and for failures to respond. Such an inquiry could be best made by a committee of one of our societies, and at the end of the time the digested results might be reported for publication, under the sanction of the parent body.

Should the number of cases recovering under medical treatment be found to be proportionately small, or in other words, should the ratio of deaths to the total of cases be large, this fact would go far to strengthen the argument in favor of a more extended trial of tracheotomy, and of an earlier resort to it in special cases.

An inquiry so conducted, and meeting with a free and intelligent response, would put us in possession of a mass of facts from which inferences of value might be drawn in regard to other points affecting the clinical history of croup and diphtheria, and the relation existing between these two diseases.

Let me remark, in conclusion, that the difficulty in estimating the actual number of cases of croup is quite equaled by that of ascertaining the number of tracheotomies performed. In proof of this, it may be mentioned that Dr. Cohen, in his very valuable monograph on "Croup in its Relations to Tracheotomy,"* published in 1874, gave only 325 American operations put upon record up to that time, with 84 successes, nearly 26 per cent. From his long attention to the subject, and his well known accuracy of research, it is highly improbable that any published cases escaped him; but he justly remarks that there must have been many which have not been reported. I am myself aware of quite a large number, some successful, and some otherwise, which have never found their way into print.

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* Read as a Communication to the Philadelphia County Medical Society, in January, 1874.

ATONY OF THE RECTUM.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, O.

In the following case the continued employment of enemata produced a condition of the muscular wall of the lower bowel which not infrequently results from the daily distention of that organ. The patient began to suffer from bearing down pains of a severe character, recurring at irregular intervals, some time during the autumn of 1873; the menstrual function ceased about the same time (she was then in her forty-seventh year) and a constant discharge of a thin, white fluid also first manifested itself during the latter part of that year, and has continued to trouble her ever since. The pains, at first irregular and of the character mentioned, soon became constant and neuralgic in nature. One of the numerous physicians she consulted advised the daily use of an enema, to which thirty drops of laudanum had been added, for the double purpose of relieving her pain and regulating her bowels. This course of treatment gave her ease for a number of months; she was then compelled to increase the dose of laudanum. At the present time she employs three teaspoonfuls of laudanum and a teacupful of warm water, morning and evening. The pains are thereby kept in abeyance, but the enemata no longer succeed in opening her bowels, and twice or thrice a week she takes a dose of castor oil. Even then her passages are hard, and so block up the rectum that she is compelled to pass her finger and mechanically assist in evacuating the lower bowel. In fact, it made no difference how much she experienced the desire to empty the rectum, no lumps could be passed unless she dislodged them in the manner indicated. There were a number of other interesting points revealed by physical exploration, but at present I only desire to allude to two—the relaxed, flaccid and baggy state of the rectal walls, and the ease with which the sphincters permitted my finger to pass into the rectum. Just above the internal sphincter there was a rim of dry, hard, excrementitious matter, that came away when the examination was concluded; and at various points on the rectal wall similar lumps of fæces could be encountered. When endeavoring to evacuate her bowels, she says all would go well, was it not for the fact that the fæces accumulate in the lower part of the bowel and block up the passage. Also, when she has succeeded in dislodging the fecal matter, a large portion of the lining membrane of the rectum prolapses, and its return is very painful and tedious.

In cases similar to the foregoing, the rectum falls into a condition resembling, in many respects, that developed in advanced stages of ulceration of that organ. The rectum then becomes a stiff, firm, and somewhat unyielding tube, through which the fæces are forced by the continued accumulations in the lower part of the sigmoid flexure of the colon.* In both cases the proper expulsive powers of the muscular walls of the rectum are reduced to a minimum, while the sphincters are either atonied or relaxed. The extreme degree of constipation that may be thus induced is the only point in which atony of the rectum—as in the case just detailed—resembles the effects induced by hypertrophy or spasm of the sphincters. In both the excrementitious matters accumulate in the rectum, and both, if unrelieved, tend to produce loss of power in the muscular walls of the rectum by the great distention to which the coats of that organ may be subjected. In one case the weak and almost useless walls of the canal are not only unable to contract upon the contents of the rectal tube, but the flaccid membrane may fall between the blocks of distending matter, and offer an additional impediment to its discharge. In the other instance, despite the utmost force which the muscular fibres of the terminal portion of the large intestine can bring to bear upon the contained roll of fecal substance, the resistance afforded by the contracted sphincters is too great to be overcome.

In advanced age, atony of the rectum may develop spontaneously. But, however induced, the principles upon which the treatment should be based are substantially alike. The great indication is to restore power to the rectal walls. In cases in which the atony has been brought on by the employment of enemata, their use should be restricted within proper limits, or altogether abandoned. One elderly gentleman who suffered in this way positively refused to abandon the syringe; he claimed that it was as necessary to wash out the rectum daily, as the mouth. Had he claimed that washing the anus daily was as essential as bathing the face, he would have been more nearly correct; he might as well, and as truly, have argued that his œsophagus needed syringing every twenty-four hours, as much as his rectum. In fact, such a course is no more necessary for the one than the other; but the old man was firmly fixed in his views, and all I could get him to do was to reduce the quantity of water, and add to it the medicine I prescribed. Directing him to use half a teacupful of liquid only, to which twenty drops of the tincture of nux vomica and half a fluid ounce of tincture of aloes had been added, and to take an hour more exercise in the open air every day, I found him greatly improved at the end of a couple of months.

The employment of strychnia, hypodermically, is one of the most reliable measures to which the physician can resort in almost any case of muscular atony. I have used it on many occasions in the treatment of prolapsus recti, and have had ample reason to be satisfied with the result.

An erroneous idea prevails, relative to the use of this method of treatment, that is, that it is of no use to employ strychnia hypodermically unless it can be injected into the affected part. Now, while I am not prepared to say that its local use is not superior to its general use—for I have almost always employed it in the latter way—yet I can say that I have obtained excellent results on a great number of occasions, and have never found it necessary to use it locally, when its injection at the affected point would produce much pain.* It is most certainly the fact that in the vast majority of cases strychnia is equally effective in relieving loss of muscular power, whether thrown into the cellular tissue at a distance from the diseased part, or injected directly among the weakened fibres.

Occasionally, substituting cold for warm water, in cases where the patient obstinately persists in continuing to use enemata in the ordinary manner, will be attended with a speedy improvement in the strength of the muscular coats of the rectum. As generally used, the water is simply thrown into the rectum at a point immediately within the grasp of the sphincter muscles; when this is done, in a healthy condition of the parts, the water may be returned as soon as the rectum contracts, without ever coming in contact with fecal matter. The explanation of this fact is found in the normal arrangement of the parts in the lower end of the large intestine, and in the physiology of defecation—two subjects concerning which true ideas are far from being universally diffused in the profession, much less among the public.

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* Vance—"Ulceration of the Rectum." Cincinnati *Lancet and Observer*, April, 1877.

* Vance—"The Treatment of Paralysis, by Hypodermic Injections of Strychnia." *Journal of Psychological Medicine*, April, 1870.

In health, the circular band of muscular fibres between the lower end of the sigmoid flexure and the upper end of the rectum are firmly contracted, and the cavity of the remaining portion of the large intestine is thus cut off from that of the rectum. The rectal walls are in apposition, as much as those of the œsophagus; in fact, there is a great resemblance in many points between the œsophagus and the rectum. When the first sensation warns the person that the time has arrived for the evacuation of his bowels, the sphincter between the sigmoid flexure and the rectum relaxes, and fecal matter passes into the rectum, but even then it may not be discharged. It is still within the individual's power to delay its evacuation for from a few hours to a day or two. After a time, when the call is unheeded, the rectum returns the fæces to the sigmoid flexure, and the muscular band separating the two organs recontracts. This is the usual course when, from any cause, the bowels are not emptied when the signal for defecation has been given; consequently, fecal matter might be found in the rectum for the few minutes intervening between the first call to retire and the subsidence of the uneasy sensations—whether the latter is brought about by attending to the demands of nature and emptying the rectum, or by resisting the feeling to the degree necessary to induce the anti-peristaltic movements which cause the return of the fæces to the sigmoid flexure—but never, in health, at any other time.

One of the first deviations from a healthy state of the rectum is to be found in such a degree of atony as will allow of accumulations of fecal matter in that organ. This state is occasionally brought about, in the first place, by carelessness, and subsequently aggravated by the improper use of enemata. One good rule is, never to throw large quantities of water into the rectum. When a long, flexible tube, however, is used, and the water injected into the sigmoid flexure, no harm can be done. Were physicians to explain this point in the physiology of the rectum to patients in the habit of using enemata, and to insist, furthermore, upon their supplying themselves with proper tubes to their syringes, there would be much less harm done to that organ by those instruments, and there would be much less distress induced by those diseases which such interference with the circulation through the atonied structures is prone to excite.

PARTURITION.

BY BENJAMIN F. LAMB, A.M., M.D.,

Of Belvidere, N. C.

Mechanism of the Fourth Stage (Cazeaux).

The difficulties encountered in preventing the accidents peculiar to the fourth stage of labor have constituted with many a problem of great intricacy, and admitting of solution only by the ordeal of experience. Indeed, it has been esteemed a modern "riddle of the Sphinx, at which every physician has tried his hand, and every one has come to grief."

In proposing a solution for this problem, indulgence is solicited to refer to certain theories advanced in a lecture* published in the MEDICAL AND SURGICAL REPORTER of March 31, 1877, controverting points of doctrine that have long been established in medicine.

In allusion to the different views held by the profession on the subject of the perineal support, the theory is proposed, in the said lecture, that "all this diversity of opinion means that nature herself intends to take care of the perineum." On the contrary, it may be observed that this discrepancy has reference only to methods of action, and not to the object sought, and consequently rather than denying it, a fortiori confirms the necessity of perineal protection. This object is likewise regarded of the greatest moment by obstetrical authorities, since it is well known that the conservancy of the structure of the perineum may be destroyed by the action of "nature herself" in the function of parturition.

* By William Goodell, M. D.

2. With further reference to the same subject, the precept is advanced, that when a case is supposed to be "a morbid one, and really needs help," we should "imitate nature." In thus conceding the necessity of external aid in a certain emergency, the question of morbidness may prove so complex as not to admit of a categorical answer, as it would thus involve a knowledge of conditions that are not always preconceived, and hence are unknown.

3. It is observed again, in specifying the method of nature, that "she retards the too rapidly advancing head," and its progress must be resisted "by making direct pressure on it." The province of nature in the process of labor consists essentially in the propulsion of the fœtus through a certain medium of resistance, and embraces thereby the function of energy, rather than of inertia, which is the attribute inanimate material.

As the impact of the projectile is in no sense the act of nature, neither can the resistance to the progress of the fœtus be so construed. If it were nature's office to retard rapid delivery, the inference is that such could become a general law in the various conditions of civilized or savage life. In observing, however, the conditions invoked by the domain of art in human life, we distinctly note the absence of any such law, but that the chief resistance at the inferior strait, in the mechanism of labor, is merely a contingent factor, positively or negatively admitting of much variation. In savage life this resistance may prove infinitely small, while with the highly civilized it may become exceedingly great, so as even to destroy the true action of nature, namely, that of the parturient force.

The application of "direct pressure" upon the head would, therefore, seem to be a misconception of the imitation of Nature, and, in thus weakening the expulsive force, would, furthermore, be a hazardous measure, and one which may result in an accident far more dangerous than that sought to be avoided, namely, the rupture of the uterus. That such accidents may occur, either from excessive resistance to fetal progress, or from inherent debility of uterine tissue, or from the two causes combined, there is ample evidence. In the *Medical and Surgical Reporter*, Vol. xxxvi, page 260, may be found an interesting narrative of a case in point, with its marvelous recovery, while numerous others have been reported in current literature of obstetrics.

Furthermore, on the subject of resistance by "direct pressure," we have on record the wise counsel of eminent obstetrical authority. Said one,* "in all difficult and protracted labor, when an obstacle is presented to the progress of the child, which the uterus has not power to overcome, the occurrence of fetal rupture of its coats is the accident we have most to dread." Again, by pressing † "directly against the head of the fœtus," there is danger of "thus antagonizing the expulsive efforts of the uterus, and, therefore, incurring the liability of rupturing the organ." With equal emphasis may be cited, upon this important point, the authority of Churchill and of Cazeaux, and the more recent works of Schrœder and of Leishmann.

4. It is difficult to conceive, as further claimed in the said lecture, how the "word 'support,' as applied to the perineum, is a misnomer," or that it is not the perineum, but the head that needs support; or that "by supporting the head we support the perineum," for the following reasons: 1. The protection of the perineum can be accomplished only by a manual support of the same. 2. The head, being firmly impacted by surrounding points of resistance, does not require additional support. 3. While from previous deduction the application of "direct pressure" against the head is not a safe expedient, the effort of thus "supporting the head" only retards its progress in a direct line through the perineum, and thus fails to extend to the latter the necessary protection; for, as said by one authority, ‡ "it has happened that the head has passed directly through the perineum without injuring the commissure of the vulva; and there is supposed *always to exist* some danger of its tearing the anterior edge of the perineum, at least, when that point is unprotected."

In the writer's own experience, it has occurred that the head became enveloped, as by a capsule, in the broad septum perinei, from which there could have been no possible escape without perforation or extensive laceration.

5. In the lecture quoted, it is further asserted that "if the ordinary mode of support ever

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* Theory and Practice of Midwifery; Robert Lee, p. 418.

† Principles and Practice of Obstetrics. Third Ed., p. 363. Gunning S. Bedford, M.D.

‡ Obstetrics; the Science and the Art. Second Ed. p. 333, Charles D. Meigs, M.D.

does any good, it is by retarding the advance of the head." This theory having been answered in the foregoing, we are now led to inquire what is implied by the "ordinary mode of support," and what its object? One authority said,[*] "the hand should be applied in such a manner as to protract the inclined plane of the sacrum, and thereby assist the perineum to compel the head to undergo extension." Another advises[†] that the hand be so placed as to "constitute a plain surface, being careful not to have the radial portion above the inferior commissure."

A distinguished authority[‡] also directs that "the pressure" be so disposed "as to give the fetal head a forward direction and facilitate its movement of extension." While other authorities may be cited, attesting the above doctrine, we may finally quote more explicitly that "by counter pressure is meant pressing the head forward to the symphysis pubis and preventing the whole force of uterine action being directed against the perineum." It will thus be observed that the "ordinary mode of support" implies the deflection of the head upon the line of the parturient curve, and with the paramount object of thus protecting the perineum.

The primary factor involved in the process of labor being the expulsive force, and there being a variation of ratio between this and certain other forces, the mutual relation of these factors may present a subject of further inquiry. Starting from the promontory of the sacrum, the fœtus is subject to the action of three forces, namely, 1. The expulsive force. 2. That of reaction from the sacral plane; and 3. That of recoil. These forces acting simultaneously cause the fœtus to pursue the resultant, as shown in the "parallelogram of forces" and corresponding to the parturient curve. This curve, as formerly described by Professor Carus,[§] and now generally considered the circle, possesses rather the properties of the parabola[||] in which the expulsive force may be expressed in general terms, by the formula, [¶] $F = \frac{d\,2\,S}{d\ T}$.

The definite value of this force will, however, depend upon the conditions whether it remain constant or variable. 1. If variable, it will be measured by the velocity, or (1) $F \times V$, when the resistance is constant, and inversely by the velocity, or, (2) $F \times \frac{1}{V}$, when the resistance is variable. 2. If the force remains constant, the momentum acquired will depend upon the time occupied, and the velocity will vary as the force multiplied by the time, or, $V \times F\ T$; and the force will thus be measured by the velocity divided by the time, or, (3) $F \times \frac{V}{T}$, when the resistance is constant, and by the time divided by the velocity, or, (4) $F \times \frac{T}{V}$, when the resistance is variable.

In these four formulæ we have expressions for estimating the definite value of the expulsive force, whether constant or variable, and its relation to the resistance and the remaining forces involved in parturition. A disturbance of this relation is, however, encountered in the fourth stage, owing to the previous suspension of the force of reaction at the termination of the sacrum, and the consequent loss of a factor, which is partially substituted by the increased activity of the force of recoil in the perineum. The inefficiency of the latter force, however, and the friable nature of the soft tissues, cause the process of labor to become much retarded, and the tendency to laceration imminent. These results may be obviated, and the labor much facilitated, by the restoration of the lost factor, and the effectual maintenance of the resultant in the line of the parabola, which may be accomplished by supplementing the curve of the sacrum, as advised by standard authorities.

NOTES OF SURGICAL CASES.

REPORTED BY DR. WILLIAM N. BAYNTON,

Of Columbia, Pa.

Lacerated Wound of Abdomen and Anterior Femoral Region.

John W. Findley, aged twenty-eight years, marked strumous diathesis, while engaged in running a circular saw, tripped, and fell directly upon it, while in the act of handing a piece of wood to a bystander. He was immediately placed upon a stretcher and carried home, a distance of about three-quarters of a mile, where Dr. Alexander Craig, of this place, and myself, saw him. We found that the abdominal cavity was exposed by an extensive lacerated wound, which commenced a little below and to the right of the umbilicus, a mass of omentum protruding from a point corresponding midway between the external and internal abdominal rings; immediately below this the wound became more superficial, the hollow of the groin protecting the parts in this situation somewhat, so that Poupart's ligament was preserved intact. Proceeding downward, the wound traversed the anterior aspect of the thigh, splitting the large extensors in almost their entire length, and terminated three or four inches above the inner condyle. Hemorrhage was quite profuse from the lesser vessels, the femoral barely escaping.

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[*] Meigs, loc. cit.

[†] Bedford, loc. cit.

[‡] Theoretical and Practical Midwifery. Fifth Am. Edition, p. 398. P. Cazeaux.

[§] Lehrbuch der Gynækologie, etc. Part I, p. 33.

[||] Natural Philosophy. D. Olmstead, Art. 49.

[¶] D. Olmstead, loc. cit., Art. 35.

After carefully picking out the debris of clothing, shreds of which were drawn deeply into the tissues by the teeth of the saw, the edges of the wound were brought together by the silver wire, and compresses saturated with a solution of hydrate of chloral (four grains to the ounce) applied. Opiates were administered prudently, and the case progressed rapidly and steadily to recovery. The remarkable feature of the case is that, although the patient's vitality was considerably below par, from struma, and the peritoneum badly torn, not a particle of peritonitis showed itself, but recovery took place without any untoward symptoms.

Obscure Case of Cerebral Hemorrhage.

The patient, George Detwiler, aged eighteen years, delicate, but of healthy ancestry, living in a miasmatic district along the west bank of the Susquehanna, complained of neuralgic pain in left side of head. After a week's illness, inflammation of left tonsil set in, resulting in abscess, which, during the night of December 7th, 1877, opened and discharged freely.

Saturday, December 8th, patient much relieved; could open mouth and protrude tongue naturally. He continued to improve upon iron, quinia and astringent gargles, until the following Tuesday, when his attending physician, Dr. William Bigler, of York county, was sent for in great haste, the patient having had a profuse hemorrhage *per orem;* the doctor lived six miles away, and before his arrival the bleeding had ceased spontaneously. Again the patient began to rally, and continued to do well until Friday, December 14th, when a worse attack of hemorrhage than the former set in, bringing him to an almost exsanguine condition. These excessive hemorrhages would, of course, leave the patient in a state of collapse, similar to the shock observed after grave injuries, being drenched with perspiration, almost moribund, etc., but partially conscious.

At this time Dr. Alexander Craig, of Columbia, was called in consultation, meeting Dr. Bigler at about 6 P.M.; but the patient was so extremely reduced that, as the bleeding had, in the meantime, again stopped, it was thought best, in the absence of a perfectly clear diagnosis, to proceed on general principles, and to await developments until morning. The question arose as to where the blood came from. As far as could be seen by lamp light, the affected tonsil was nearly well, and the doctors satisfied themselves that it did not proceed from that point; the lungs were clear, and there were no signs of congestion of any of the contiguous parts.

December 15th. Met at noon, and, much to the surprise of the attending physicians, found complete paralysis of right arm and leg, with slight paralysis of right side of face and tongue, which became more clearly evident when patient attempted to open mouth beyond a certain extent, or to protrude tongue beyond a certain distance; patient conscious, but extremely weak. A few drops of blood were now discovered oozing from the left external auditory meatus, which indicated that the lesion was intra-cranial. Ergot and digitalis, with free doses of gallic acid, were prescribed.

December 16th, noon. More volume and less frequency of pulse; paralysis same; no bleeding; pupils and skin natural; bowels regular and good.

December 17th. Soon after midnight a third hemorrhage occurred, which ended in death of patient.

Comments.—This case is of rare interest to the observant and investigating physician, on account of the obscurity of the origin of the hemorrhage. It will be noticed that the patient had pain in left side of head prior to the tonsillitis, succeeded by right hemiplegia and oozing of blood from left ear; consequently, any thoughts that at first may have been entertained that the hemorrhage was due to erosion of the carotid by the abscess soon became untenable, and were excluded. It became evident that some intra-cranial vessel had become ruptured, at the base of the brain, most probably, and the resultant clot had produced the hemiplegia; but where was the precise seat of the trouble, and through what channel of communication did the hemorrhage reach the posterior nares and mouth, and thus make its exit? These questions could have been definitely settled by a post-mortem examination, which, for various reasons, could not be obtained; therefore, to account for this peculiar case, we are left to construct hypotheses, or to adopt the method of exclusion—by satisfying ourselves as to where the hemorrhage did *not* come from, to arrive at a probable conclusion from whence it *did*.

Traumatic Rupture of Common Carotid.

John Hebble, aged sixty-five years, a laborer, was the victim of an accident presenting points of surgical interest. On December 28th, 1877, while plying his avocation, he was struck in the right side of the neck by a steel splinter, which broke off from his own sledge, or from that of one of his fellow workmen. This missile, which closely resembled, in form and size, an apple seed, with razor-like edges, penetrated the neck about two inches below the right ear, making a wound somewhat similar in appearance to a gunshot wound, but smaller than that made by an ordinary bullet, and was discovered lying subcutaneously just beneath the middle of the right clavicle, where it was extracted, it having pursued a peculiar zig-zag course between entrance and exit, the details of which were revealed at the autopsy, which is given herewith. Patient lived twelve hours after the accident.

"Below and a little in front of the wound of entrance was a small incision, evidently made by the attending physician (Dr. H. E. Norris) by way of treatment, and below this, at the upper part of the breast, just below the middle of the right collar bone, was a third opening, which was the point at which the missile had been removed. The distance between the points of entrance and exit was nearly four inches. The neck was swollen to probably double its usual thickness. Upon removing the skin from the parts affected, and carefully following the course of the missile, we found that it had gone almost directly inward a short distance, then downward, and more toward the front of the neck, passing through the right common carotid artery, an inch below its bifurcation, when it again turned outward and downward, to the point where it had been removed, traversing a distance, in all, of probably five or six inches. Beneath and about the incisions in the artery was quite a large clot of blood, which accounted for the enormous swelling of the neck. This clot had forced the various organs in its vicinity quite out of their natural position, and pressed so forcibly upon the air passages as to interrupt breathing, from which cause death was the result."

A CASE OF HOUR-GLASS CONTRACTION BEFORE DELIVERY.

BY J. N. PAGE, M.D.,
Of Dayton, Iowa.

Mrs. A. J., living six miles in the country, was taken in labor, Tuesday, 10 P.M., August 21st, 1877. I was called to see her Wednesday, the 22d, at 7 A.M. The pains had been regular and frequent, from the first. An old lady in attendance, who pretended to act the part of accoucheur, had ruptured the membranes, at about 2 A.M., and tried, as she stated, in every conceivable way, to deliver the child, but failed. On examination I found the os uteri sufficiently dilated to let the child pass, and the pains sufficiently strong; I thought if time enough were given, with considerable encouragement, that labor would progress naturally and delivery would be quite easy. On the second examination I found the pains did not produce any advancement; I then suspected something wrong, and introduced my hand to ascertain, if possible, the trouble. I found that there was no deformity that prevented delivery, and passed my hand around the head of the child, but could pass it no further, for the uterus was contracted around the neck of the child, as it is in hour-glass contraction around the umbilical cord. I then tried to pass my finger between the neck of the child and this contracted uterus, to relax the stricture, but did not succeed. At about 9 A.M. I commenced to administer narcotics (hydrate chloral), which I continued until nearly one drachm had been given (at the same time watching the progress of labor). The presentation being favorable, the face looking backward, I thought instrumental aid was demanded, and really necessary; I therefore at once applied the forceps, but with all the force I dared to use I could not deliver the child. Perhaps it would be well for me to say here that I did not administer chloroform, as there was no one present to assist, and in the use of instruments had to endure the woman's resistance. I then waited a little for the patient to rest, and introduced my hand, only to find the same condition as before. Fearing a rupture of the uterus, or some other accident, I advised counsel, and immediately dispatched a messenger for A. W. Garlock, M.D., who arrived at 12.30 P.M. We determined to continue the use of the hydrate chloral and await time, which we did until we had given nearly one-half drachm more. At 3 P.M., the stricture continuing the same, we gave the ergot and anæsthetic. I applied the forceps, and with force succeeded in delivering the child at 4 P.M. After the head was brought down into the pelvic cavity the uterus seemed to relax and the further delivery was easy. Fearing hour-glass contraction on the cord I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contraction of the uterus to expel it, which it soon did with the assistance I gave by gently pulling and torsion of the cord

The woman made a fair recovery. The child lived about six weeks.

The principal object in reporting this case is, not merely to call attention of the readers of the REPORTER to it, but to elicit some criticism.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational Meeting held December 12th, 1877, at the hall of the College of Physicians, Dr. Henry H. Smith, President of the Society, announced from the chair that, at his request Dr. W. H. Bennett had prepared a paper for presentation before the Society, entitled "The Beneficial Results Derived from Sea Air, Sea Baths, etc., in the Summer Diarrhœa and other Diseases of Children, as illustrated by cases in the Children's Seaside Home, Atlantic City, with a Description of the Buildings, Organization, etc., of the Home."

On motion, the paper was accepted and Dr. Taylor requested to read it.

After the chair announced the subject open for general discussion, Dr. C. B. Nancrede remarked that he thought the mountains offered superior advantages to the sea shore for sick children. It is impossible to get good milk at Atlantic City and Cape May. He had seen very hot weather at the shore, continuing for weeks at a time, and had noticed cholera infantum originating at these places. For many patients the air is too heavy and damp, and the alternations of heat in the day and cold at night are too severe, especially for those suffering from pulmonary complaints. Sea-bathing does not suit delicate patients, and may cause collapse or transient albuminuria.

Dr. William B. Atkinson said that the poor quality of the milk was not an insuperable objection, as many of his patients are using condensed milk in preference to the fresh article. He spoke very favorably of the quality of the condensed milk furnished by the Baltimore Company. It is prepared simply by evaporation in vacuo, and no sugar is added to preserve it. In the first place good milk is selected and exposed to a temperature of 180° until it has attained the proper consistency. It is supplied in bulk, and keeps well in hot weather; he always kept it in a refrigerator for his own use, and liked it so well that he used no other milk in his household. He regards it as much superior to the condensed milk in cans, which is generally loaded with sugar. He had very good results among children by the use of this milk.

In regard to Atlantic City as a place for the treatment of sick children, he mentioned the case of his own child, whose life, he firmly believed, had been twice saved by taking him to the seashore. Although seriously ill on each occasion, he had shown the good effects of the change almost immediately.

He was glad to notice that Dr. Bennett had condemned the actions of those people who carry young children, screaming with fright, into the water, and bathe them against their will. This is more than thoughtless; it is cruel, and often injures a child instead of doing it good. It is not necessary for children to bathe in order to reap the advantages of the place; a simple out-door life, playing in the sand, is often of the greatest benefit.

Dr. I. V. Shoemaker had seen cases of chronic eczema greatly benefited by hot sea bathing, which exerts a very stimulating effect on the skin. In the treatment of skin diseases it acts very much on the same principle as, and may be utilized as a substitute for, the green soap employed by Hebra, as a stimulant and resolvent.

Dr. C. R. Prall had not used condensed milk, because he had been always able to get good, rich, dairy milk in his neighborhood. The test of good milk is the amount of cream that will rise; he doubted very much whether any cream could be made to rise from a solution of condensed milk.

Dr. W. R. D. Blackwood could not agree with Dr. Atkinson with reference to the Baltimore condensed milk. He had found it nauseous and impracticable as an agent for the nourishment of infants. It is so intensely salt as to prevent its use for infants, and those who had once tried the standard brand, *Borden's*, would not, under any circumstances, substitute such an unpalatable article as the one spoken of by Dr. Atkinson. The sole difficulty in using condensed milk was its too great dilution with water by the parents or nurses.

Dr. Wm. A. Burns inquired of Dr. Goodell, whether he had had any experience in the use of condensed milk in childrens' complaints and in rearing infants. He would ask, at the same time, if he correctly understood Dr. Goodell to say, on a former occasion, that "teething is a bugbear," and, if so, would he be so kind as to explain the remark.

Dr. William Goodell said that, in regard to the remark about teething, he believed he had said something of the kind, meaning to imply that too much should not be made of the act of teething, as it is a physiological and not a pathological process. If the child is otherwise in good health this need not be so greatly dreaded. Concerning the condensed milk furnished by the company referred to by Dr. Atkinson, he had tasted the article, and had found it to have a salty taste. He had tried it, on the Doctor's recommendation, and had substituted this preparation, properly diluted, for the usual morning's milk, and no one in the Institution over which he had charge detected the difference. He had not introduced it into the Preston Retreat, because he was supplied with good fresh milk. Under other circumstances, where milk is diluted, adulterated, or exposed to much jolting in coming to the city, he could believe that the use of this condensed milk would have much to recommend it. It is better adapted for poor people, who are generally supplied with inferior milk. But in large institutions, by mixing the milk of many cows, the quality of the milk is kept about the same average.

He wished to make one criticism upon the exceedingly valuable and unusually interesting paper that had been read this evening. He regarded the proportion of condensed milk to the water as too small; the milk was too much diluted. The Committee of the Philadelphia Obstetrical Society, when considering this subject, was unanimously in favor of the use of condensed milk for children of the poor, but the proportion recommended was one tablespoonful to six of water, and, indeed, some of the committee were in favor of increasing even this amount of milk.

Dr. Henry H. Smith mentioned two cases where children had been raised, strong and healthy, to whom nothing else had been given in the way of nourishment except condensed milk (ʒj to ℥iv), until they were eighteen months old.

Dr. Benjamin Lee last summer attended a little infant with mild entero-colitis, but suffering from diarrhœa, bloody stools, etc. The child was living in the country, and had been kept on the milk of a single cow, fresh, healthy and well-fed, but got no better, the symptoms continuing uncontrollable. The mother had to go to New York, and was advised to give the infant freshly-condensed milk while there, in preference to the ordinary milk that is served in that city. She used the condensed milk according to directions, and the child, instead of getting worse, became completely well. When she returned home and resumed the one cow's milk, the symptoms again appeared, and she was obliged to return to the condensed milk, with the same good result. The diarrhœa disappeared and did not return again, although the hot weather continued. One advantage in favor of the condensed milk is that it is prepared by large establishments, where proper sanitary regulations can be enforced, which would be impossible in small dairies, where there is also greater danger of infection. Another fact that militates against the healthiness of ordinary city milk is, that the milk cars are in a filthy condition. The floors are soaked, they are very rarely cleansed, and unquestionably the tainted atmosphere must affect the milk, because, if the milk can get out the air can get in, in order to take its place.

He offered the following resolutions, which were unanimously adopted:—

Resolved, That the thanks of this Society be tendered to Dr. Bennett, for his interesting and valuable paper, and that this Society cordially approves the efforts made by the Board of Managers of the Children's Seaside Home, to ameliorate the condition of invalid children, whose parents are unable to provide them with a change of air and scene during the heated term.

Resolved, That the arrangements of the house, and its general management, as detailed in Dr. Bennett's paper, appear to this Society eminently wise and satisfactory.

Resolved, That a copy of these resolutions be forwarded to the Secretary of the Board of Managers.

Dr. Henry H. Smith invited the attention of the Society to some samples of a new adhesive plaster, made by Dr. Henry A. Martin, of Boston. In the formula for the composition of this article, which was published in the Boston *Medical and Surgical Journal*, for October 11th, 1877, it is seen that, by a new process, the elastic and adhesive properties of the india-rubber are gained by including this article in the composition.* The faults of the ordinary officinal adhesive plaster are well-known; it requires heat to soften it, or it cracks with cold, does not adhere strongly, and is liable to peel off the cloth if kept any length of time. The muslin on which it is usually spread is not strong enough for the purpose of extension, and these defects are so great as to have led some surgeons to discard it altogether, and use the imported plaster made by Maw, of London, spread on twilled cloth. In 1855 Dr. Smith brought some of Maw's plaster with him, on returning from Europe, and tried to have it made in this city, but the imitation was very inferior to the original.

This new caoutchouc plaster of Dr. Martin is claimed to be adhesive at all temperatures, not to change either with time or season, and to sustain stronger weight after application in extension, in hip disease and fractures, than any other in the market. If these claims are supported by subsequent experience, and it has been highly commended by those who have used it thus far, this plaster will be of especial value in the treatment of wounds as well as of fractures and similar conditions requiring extension. It can be obtained either in small sample cans, for ordinary use, or in large quantities, by addressing Metcalf & Co., Boston.

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* The compound of which this plaster is made is of the best Para rubber, Burgundy pitch, and balsam of tolu. It is spread on strongly woven cloth which has been previously shrunk, and deprived of dressing, and disinfected by solution of chloride of zinc.

Dr. Wm. B. Atkinson said that Dr. Martin also prepares a strong elastic bandage, for surgical purposes, which he exhibited before the American Medical Association.

Dr. Benj. Lee had been using, for purposes of extension, the india-rubber adhesive plaster of Seabury & Johnson, which has been in the market for some time. The india-rubber plaster does not irritate the skin, and adheres well. The plaster exhibited appears to be very well made, and certainly is stronger than what he had been using. He asked permission to present samples of paper lint to the society. The fabric is being now experimentally prepared, and should be tried by the profession; samples are provided for this purpose and furnished, on application to Mr. Wyeth. It is not the ordinary paper lint, that was introduced some time ago and found inefficient, but an entirely different preparation. Its advantages are its excellent absorbing powers, its tenacity, for it tears more readily than ordinary lint, and its cheapness. Even when wet for a long time, it retains its firmness and tenacity. It has a distinct fibre, although shorter than that of ordinary patent lint, and appears to possess all its advantages at about one-third of its cost.

Dr. Henry H. Smith also exhibited a specimen of borated cotton, for surgical dressings, said to be antiseptic and to readily absorb and disinfect the discharges.

Dr. W. Penn Buck had used the prepared lint, shown by Dr. Lee, and was much pleased with it. It makes an excellent absorbent for use during the menstrual periods, to supersede cloths, and he had found it eminently satisfactory when so used.

EDITORIAL DEPARTMENT.

PERISCOPE.

Dr. J. Marion Sims on Battey's Operation.

Dr. Sims, after discussing normal ovariotomy, so-called, in the *British Medical Journal*, concludes that Battey's operation may be resorted to under the following conditions:—

1. In cases of amenorrhœa, where there is no uterus, or only the rudiments of one, or where there is an incurable atresia uteri, and the menstrual molimen produces such violent disturbance of the whole system as to destroy health and endanger life, the removal of the ovaries is the only means of permanent relief.

2. In cases of prolonged physical and mental suffering, attended with great nervous and vascular excitement, produced by perturbed menstrual molimen, whether menstruation be absent, scanty, or otherwise, this operation is justifiable after all the usual remedies fail to relieve.

3. In cases of incipient insanity and of epilepsy depending upon ovarian and uterine disease, this operation is justifiable after all other remedies have failed to cure.

4. In cases of fibroid tumors of the uterus attended with incurable hemorrhages that endanger life, when the tumors cannot be safely enucleated and removed, this operation may be resorted to with the hope of arresting the bleeding and the prospect of diminishing the tumors.

5. In cases of chronic pelvic cellulitis and of recurrent hematocele, when the attacks are traceable to the disturbing influences of the menstrual molimen, we may have recourse to this operation as a *dernier ressort.*

Is Digital Dilatation of the Os Uteri an Aid to Labor?

At a meeting of the Aberdeen branch of the British Association, Dr. Lyon said he had come, from large experience, to the conclusion that digital dilatation of the os was no aid to labor; and he thought the following reason explained this. During pregnancy, the cervix had an internal and an external opening, and, forming no part of the cavity of the uterus, was under the influence of the reflex action of the spinal cord. When labor commenced, the cavity of the cervix became completely obliterated, and the os, instead of being an opening from a canal, became a hole in the wall of the uterus and the direct outlet of its cavity. By the process of thinning and expanding, the os gradually enlarged till no trace could be found. The distended bag of membranes seemed to exert some influence in dilating the os, but this was chiefly brought about by the uterine longitudinal fibres. While these changes were taking place on the lower part of the uterus, constituting the first part of natural labor, there was always an accompanying state of the body of the uterus characterized by regular contractions gradually increasing. This process of dilatation, etc., was never affected by the kind of presentation. But, in all cases of labor characterized by rigidity, and a consequent dry and unyielding state of parts, there was want of dilatation; and all efforts, digital or otherwise, were ineffectual, so long as the attendant pains were irregular and without down-bearing tendency. After more or less delay, when pains became regular and expulsive, the parts became lubricated with mucus, soft and yielding; and the dilatation was then speedily effected, and not till then. He had often tried to dilate the os with the finger in those tedious cases, and must, had he persisted, have simply torn the part. He had also succeeded in slipping the stretched os over the occiput, but these efforts had no beneficial effect on the labor. He thought it not improbable that the want of dilatation in such cases might arise from increased tonic contraction of the os, caused by some continued peripheral irritation, and thus would be explained the beneficial effect often produced by removing accumulated fæces by enema. He inferred, from what he had observed, that want of dilatation was no cause of hindering the progress of labor, and that the want of dilatation was owing to the state of the uterus characterized by the absence of true labor-pains, and disappeared on their occurrence. Venesection and nauseating doses of emetic tartar had been used to facilitate dilatation, and more recently chloral and chloroform; and, if the object of treatment were to relieve a state of spasmodic contraction, these means appeared more likely to effect the purpose than digital efforts. If the os could yield to the gentle pressure of the finger, why did it not yield to the pressure from above? The necessity for digital interference never existed at all, except in rigidity, and then it was impracticable. If it were to be used at all, Burns' rule was the only safe one—"If the os uteri be lax, and thin, or soft, it is both safe and advantageous to dilate it gently with the finger during a pain"; and, if we got the parts into the condition Burns indicated, there would be no difficulty in producing dilatation, because the cervix, which before was unyielding, had assumed the condition of natural labor and needed no interference.

Action of Antiseptics.

In a pamphlet entitled La Septicémie Expérimentale (noticed in the *British Medical Journal*), Dr. J. V. Laborde publishes the results of a series of experiments on the preventive and curative action of reputed antiseptics, that especially deserve attention at the present time. In order to produce a septicæmia that should be independent of secondary changes produced by the injection of septogenic material into the subcutaneous connective tissue, he selected the method of arterial communication of Alphonse Guérin. A dog having been made septicæmic by the direct introduction of septic blood into a vein, the femoral artery is laid bare, and its central end is placed in direct communication with the separated distal end of the femoral artery of a healthy dog. The second dog, which receives the septicæmic blood in this manner, becomes itself septicæmic. By successive "generations" produced by this operative procedure a blood is obtained containing the septicæmic poison in a high degree of intensity. In regard to the presence of organisms in this morbigenic fluid, Dr. Laborde remarks that "the blood of a dog infected by arterial communication has never, when attentively examined at different periods of the disease, exhibited the presence, in appreciable quantity, of microcytes—bacteria, vibrios, granular matter, etc.—not even in cases in which the blood primarily inoculated contained microzoa in more or less large numbers; so that we find ourselves in presence of a disease which can be transmitted indefinitely without the intervention of inferior organisms. In contradiction to the statements of Binz, the author found that quinine, even when injected in the highest doses compatible with life, neither acted as a preventive to the development of the disease, nor arrested it when it was produced. Similar negative results were found with chromic acid, carbolic acid, bichromate of potash, and permanganate of potash.

The Diagnosis and Treatment of Hydatids of the Lungs.

The new edition of the work on this subject, by Dr. S. Dougan Bird, of Melbourne, is favorably noticed by English writers. Its most valuable sections are those which relate to diagnosis and treatment. The general symptoms naturally vary greatly with the size and position of the cyst, and its condition as to inflammation or suppuration. In many cases the symptoms are few or absent, even where the cyst is of large size, unless there is pressure or irritation. Loss of flesh, phthisical cachexia, with Hippocratic finger tips, cough and expectoration, may be present, even where the case is uncomplicated; but their persistence, after evacuation of the cyst, indicates tubercular complication. Hæmoptysis in large quantity is extremely rare, though it may occur from the pressure of large or old cysts. But the only means of accurate diagnosis are two: the physical signs before rupture of the cyst, and the expectoration of hooklets or hydatid membrane after rupture, or their evacuation by trocar. The physical signs before rupture of the cyst vary, of course, with the size and locality of the sac; but, according to Dr. Bird, when in the lung itself, there is a certain uniformity in the mode of growth which facilitates diagnosis. When small, the cyst may be near the centre of the lung, with no surrounding false membrane; but as it enlarges, it usually advances toward the chest-wall, compressing the superficial layer of lung tissue. When it has reached the capacity of a pint or more of fluid, there is more or less deficient expansion of the lung on the affected side; mensuration is but little affected; there is absolute dullness on percussion over a limited circular area, with absence of vocal fremitus, this area of dullness not changing with change of position. Respiratory sounds are lost over the dull area, but recommence immediately beyond, and though, perhaps, harsh and puerile, are vesicular. Fluctuation and vibration on percussion may, in some cases, be observed. When the cyst is much larger, there may be much more variation in the physical signs. After rupture and evacuation by a bronchus, the signs are, of course, those of a cavity.

Dr. Bird points out the difficulty of diagnosing a cyst high up and far back in the liver, encroaching upon the thorax, from one in the lower lobe of the right lung. Phthisis is often simulated by, and may be complicated with, the sequel of hydatid, especially if the latter is allowed to remain without operative interference. Localized pleurisy, circumscribed abscess of the lung, mediastinal tumor or abscess, and solid tumors of the lung, may also be mistaken for hydatids; and, as a final means of diagnosis, Dr. Bird recommends puncture with a fine trocar.

The only treatment which Dr. Bird recommends, and on the necessity and safety of which he strongly insists, is that of immediate tapping with a fine trocar; and, in exceptional cases of old standing, where there is a thick adventitious wall external to the cyst, or in pleural cysts, he advises incision. The trocar should be six inches long, very fine, in fact, the smallest made, and the stylet sharp-pointed. He advises a small skin incision, to save strain on the trocar. He condemns the aspirator, as useless and not devoid of danger.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The case of the tramp who tattooed syphilis into a number of persons in this State, which we reported in this journal last November, has been given at length, by Drs. Maury and Dulles, in a pamphlet of 19 pp., reprinted from the *American Journal of the Medical Sciences.* It is a curious illustration of the infectious character of secondary lesions.

——Dr. S. M. Miller has left with us a pamphlet containing some University Hospital Clinics, embracing clinical lectures by Profs. Wm. Pepper, on "The Rational Treatment of Typhoid Fever;" Wm. Goodell, on "The Operation for Laceration of the Female Perineum;" H. C. Wood, Jr., on "Sexual Exhaustion;" and R. A. F. Penrose, on "Abortion, its Symptoms and Treatment." Price 50 cents. It may be obtained at the office of this journal.

——The valedictory address to the class on diseases of the skin, at the Philadelphia School of Anatomy and Surgery, by Dr. John V. Shoemaker, is devoted to a description of the various kinds of baths and their uses in diseases of the skin. It is a comprehensive and pleasantly written survey of the subject.

——We have also received the Report of the Pennsylvania Hospital for the Insane, for the year 1877; Report of the New York Ear Dispensary, 1877; Formulæ of Gelatine-coated Pills and Granules prepared by McKesson & Robbins, New York.

——The address of Dr. J. M. Toner before the Rocky Mountain Medical Association, last June, has been separately printed in neat book form of 112 pages 8vo. He discusses the geological age of the world, the antiquity of man, the remains of extinct races, the origin of syphilis, and a number of interesting archæological questions. It is replete with curious research and useful information. To be had of the author, Washington, D. C.

——A careful study of the local causes of insanitation in Baltimore, by Dr. John Morris, of that city, deserves reading by all interested in sanitary subjects. He shows a gross neglect of public hygiene by the city government—but not more so, we fear, than most other cities of this country are also guilty of. To be had of the author.

——Dr. J. Marion Sims' analysis of Battey's operation has been reprinted from the British *Medical Journal,* by T. Richards, London, (pp. 31). Dr. Sims cordially endorses the propriety of the operation in a number of cases. It may be considered now to rank among the legitimate and classical additions to gynecological surgery.

——The *Arkansas Medical Record,* Vol. 1, No. 1, a monthly journal of Practical Medicine, conducted by Dr. James I. Hale, Little Rock, Ark., has come to hand. It contains original communications by the editor and Dr. M. A. McClelland, and various selections. The proof reading leaves much to be desired.

——A case, illustrating the surgical treatment of intra-uterine fibroids, is reprinted from the Richmond and Louisville *Medical Journal,* by Dr. E. T. Easley, of Little Rock, Arkansas. He condemns cutting operations, and prefers enucleation, when at all practicable. To be had of the author.

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AN ACT TO PREVENT INJURIOUS ADULTERATIONS OF FOODS AND MEDICINES.

The impunity with which, in this and most other States in the Union, adulterated and inferior articles of food, and especially of drinks and of drugs, are sold, has long called for energetic legislative action.

There is now some chance of having a limit set to the enterprise of unscrupulous vendors, by the introduction of a bill into the House of Representatives of this State, by Dr. John P. Edge. It is No. 255 of the file of the House, and as it has been carefully prepared, we shall give a pretty full abstract of it, in order that it may be made familiar to the profession, and also serve as a model for action in other States.

The preamble states that the practice of such adulterations has become so frequent as to cause serious injury to health and danger to life, and demands stringent and effective laws for its repression and punishment.

The first section provides that every person who shall willfully admix, or cause any other to admix, with any article of food, drink, or drug, or medicine, for the use or consumption of man or other animal, any injurious or poisonous material or ingredient, to adulterate it for sale, or who shall mix, color, stain or powder any article of food or drink with any material or ingredient so as to render the same injurious to health, with intent that the same may be sold in that state, or who shall sell any such article so mixed, colored, stained or powdered, shall be deemed guilty of a misdemeanor, and on conviction shall suffer a fine not exceeding three hundred dollars, with costs of suit, and for every offence after the first conviction, shall suffer a like fine and imprisonment at labor not exceeding one year, with costs.

The second section provides that any person who shall, except for the purpose of compounding, as afterward described, mix, color, stain or powder any drug or medicine with any ingredient or material, so as to affect injuriously the quality or potency of such drug or medicine, with the intent that the same may be sold in that state, or who shall sell or cause to be sold any such article so mixed, colored, stained or powdered, shall be deemed guilty of a misdemeanor, and subject, on conviction, to the same penalties respectively as provided in the first section for a first and subsequent offence. *Provided*, That no person shall be liable to a conviction under the provisions of the foregoing sections of this Act, if it be shown, to the satisfaction of the justice or court before whom he is charged, that he did not have knowledge of the said article of food, etc., sold by him, being so mixed, stained or powdered, as aforementioned, and that he could not with reasonable diligence have obtained that knowledge.

The third section reads that any person who shall sell, to the prejudice of the purchaser, any article of food, drink, drug or medicine, which is not of the nature, substance and quality of the article demanded by such purchaser, shall, on conviction, be subject to a fine not exceeding one hundred dollars, with costs. *Provided*, That no offence shall have been deemed as committed where—First. Any matter or ingredient not injurious to health has been added, because the same has been required for the production or preparation thereof as an article of commerce in a state fit for carriage or consumption, and not with fraudulent intent to increase its bulk, weight or measure, or to conceal the inferior quality thereof. Second. Where the food, drug or drink is a proprietary article, or subject to a patent in force, and is supplied in the condition required by the specification of the said patent. Third. Where the food, drug or drink is compounded as mentioned in the act; and Fourth. Where the food, drug or drink is unavoidably mixed with some extraneous matter in the process of collection or preparation.

The fourth section provides that any person who shall sell any compound, article of food, drink, or drug, which is not composed of the ingredients in accordance with the demand of the purchaser, without, at the time of delivering such article, supplying to the person receiving the same, a notice or label distinctly and legibly printed or written on, or with the article delivered, to the effect that it is so mixed, shall be subject to a fine not exceeding one hundred dollars, with costs.

The fifth section states that any person who shall, with the intent that the same may be sold in its altered state, without notice, abstract from an article of food, drink, or drug, any part thereof, so as to affect injuriously its quality, substance, or nature; and any person who shall sell any article so altered without making disclosure of the alteration, shall be subject to a penalty not exceeding one hundred dollars, with costs.

In order to carry out these provisions the Act further states that it shall be the duty of the courts of quarter sessions in the counties of the Commonwealth, in conjunction with the county commissioners, to appoint one or more persons, who shall be styled "the Public Analyst of the County," who shall possess the competent knowledge, skill, and experience, and shall hold the said office at the pleasure of the power appointing. It shall become the duty of the Analyst to examine, according to the best methods and tests, and to analyze, any and all packages and parcels submitted to him under the provisions of this Act, or by direction of the proper justice or judge. The obvious provision is made that no person shall be appointed County Analyst who shall be engaged directly or indirectly in any trade or business connected with the sale of food, drinks or drugs used for medicines in said county.

It is further provided that any person purchasing an article of food, drink, or drug, within his proper county, shall be entitled, under this Act, on the payment of a sum not exceeding three dollars, to submit the article for analysis to the Analyst, and to receive from him a certificate of the result of his analysis. The Coroner of the county, or the Sealer of Weights and Measures, or any inspector of markets, burgess, or high constable of a borough, mayor of a city, or high constable of the same, under the direction and at the cost of the local authority appointing them, may procure any sample of food, drinks, or drugs exposed for sale, and suspected to be so offered in violation of this Act, and shall submit the same to the proper Analyst, and such Analyst shall, on receiving payment as provided, analyze the same, and give a certificate to such officer, specifying the result of said analysis, and whether in his opinion such article is adulterated in such manner as to be injurious to the health of persons eating or using the same, and such certificate, duly signed and witnessed, shall, in the absence of any evidence before the court to the contrary, be sufficient evidence of the matters therein certified, and the sum so paid for said certificate shall be deemed part of the costs.

Other sections specify the details of notifying the seller that such a public analysis is to be made; that the samples may be sent by mail;

that a dealer is obliged to sell for analytical purposes samples of his wares; that the analyst should make quarterly reports to the appointing courts; and define the plan of instituting proceedings against offenders.

No one can question the importance of this Act to the general well-being of the Commonwealth. It is matter of notoriety that skillful and fraudulent imitations of almost all expensive drugs are constantly found in the market; while in many instances articles of food are constantly and injuriously adulterated. As for beverages, especially of the alcoholic kind, probably decidedly the larger part of those offered for sale are not what they are sold for, and are often little better than poisonous compounds.

It will be greatly to the credit of Pennsylvania to pass this bill this session, and take a much needed step in protecting the health and lives of her citizens.

NOTES AND COMMENTS.

The Study of Diabetes Mellitus.

A clinical observer at Guy's hospital writes: In the clinical investigation of diabetes, Dr. Pavy observes the condition of the urine and of the blood while the patient is taking a mixed diet. The blood is drawn by cupping; the amount of sugar is determined by the following method. The blood is first mixed with sulphate of soda, and heated, to separate the albuminous and coloring matters; the liquid is then separated, and the coagulum well washed, to remove all the sugar. The liquid is next boiled with an excess of the copper solution, and the reduced suboxide is afterward collected and dissolved by the agency of an acid. In this solution a cylinder of platinum foil is immersed, for the purpose of receiving the copper removed by means of galvanic action. Weighing the platinum foil, before and after the operation, gives the weight of the deposited copper; and from this may be calculated the amount of sugar which has effected the reduction of the cupric oxide (see *Proceedings of the Royal Society*, No. 182, 1877).

Dr. Pavy usually treats his diabetic patients with codeia or opium, and a restricted diet. The present patient was ordered powdered opium and extract of nux vomica, of each half a grain, in a pill, three times a day.

Cold Water Injections in Jaundice.

In catarrhal jaundice Dr. Koull has tried, with success, says *La Presse Medicale*, injecting cold water into the rectum by means of an irrigator. The operation should be practiced once in the twenty-four hours. The quantity of water used should depend upon the susceptibility of the individual. The temperature of the water should commence at 12° Reaumur, to be decreased to 3°, as the bowel will not well bear the contact of the water when the temperature remains the same. Seven injections have been sufficient to effect a cure in the practice of Dr. Koull. This treatment removes the feeling of oppression at the epigastrium, the headache, anorexia, etc. In the majority of cases, after the second injection, the fæces are colored with bile, and the color of the urine becomes more natural.

The Ice Water Treatment of Croup.

A physician, Dr. Maunsell, of Yorkshire, urges the treatment of croup according to this method in the *British Medical Journal*. He illustrates it with this case:—

I was called upon to visit a boy, eight years of age, suffering from "croup," or, to adopt our nomenclature, "acute laryngo-tracheitis, with 'croupous' respiration." He had been at school the day before, though slightly ailing, but had gradually become worse. I had come provided with an emetic mixture of sulphate of zinc and ipecacuanha wine. This was administered twice, at intervals of ten minutes, until vomiting was produced. A bladder had been provided, and, being conveniently filled with ice-cold water, was applied to the throat and upper part of the chest, kept in position well under the chin—the child, of course, being in the prone posture. The child, who naturally objected at first to the cold, became quieter, and in a short time fell apparently into a doze. The respiration, which had been harsh and crowing, gradually became less so; the cough lost somewhat its singing sound; and the skin, which had been hot and dry, became cool and moist. I stayed for two hours in the house, and when I left, I gave instructions that a large warm poultice was to be applied for an hour, in place of the bladder, and then the iced water to be again reapplied, alternating so each hour until my return. In about ten hours I came back and found everything progressing favorably. The child is now well; and I believe the result might have been very different, at any rate, the chances of recovery much diminished, had that treatment not been adopted.

Sign of Criminal Abortion.

MM. Gallard and Leblond brought under the notice of the Société de Médicine Légale what they regard as a certain sign of early abortion having been caused by criminal agency. During the first three months of the life of the ovum, in spontaneous abortion, it is always expelled *en bloc*, with the membranes entire. After the third month the membranes are usually ruptured, the abortion then occupying two stages. In the discussion which ensued it was objected that the exceptions to this rule were too numerous to allow of its acceptance as a legal guide, while criminal abortion may be induced by various means which do not involve rupture of the membranes. Still, the knowledge of these means is not spread much abroad, and seeing the frequency with which the ovum and membranes are discharged intact after criminal abortion, the Society, while refusing to acknowledge this as a law, deemed it right to call great attention to it as a new mode of detection of a crime which so frequently goes unpunished.

Diabetes and Alcoholism as Complicating Wounds.

Remarking on the not infrequent co-existence of alcoholism and diabetes, Professor Verneuil, of Paris, said, in a recent paper, that these affections, considered apart, appear to act in a similar manner on the progress of wounds, and induce very analogical traumatic accidents. Alcoholic diabetes perhaps modifies in a special manner the reparative process; but we have no precise knowledge on this point. It, however, seems to be quite probable that it imparts to the prognosis an aggravation for which the alcoholism is chiefly responsible. When called to treat a diabetic patient, the practitioner should always inquire whether alcoholism co-exists or not; and whenever this is not the case, he should always try to prevent its occurrence. When alcoholic diabetes is present, great care must be taken in instituting operations, and even explorations or surgical manœuvres.

CORRESPONDENCE.

Treatment of Quartan Intermittents.

ED. MED. AND SURG. REPORTER:—

Under the head of "Queries and Replies," in No. 4 of the current volume of your estimable weekly, Dr. C. M. M., of Ohio, asks for "a good prescription for quartan intermittent." In No. 6 you publish two replies, both of which I have no doubt are very good. I am prompted to add a favorite combination of my own, partly from the fact that it contains some of the ingredients which enter into both of the above referred to recipes. This form of intermittent paludal fever I have found quite rare, though for eight years I have been practicing in an exceedingly malarious region. It is one, too, which often proves very difficult to combat successfully. The following prescription, however, I have found very efficient in the treatment of all miasmatic disorders:—

℞.	Strychniæ sulphatis,	gr.iss	
	Quiniæ sulphatis,	ʒiss	
	Ferri sulph. exciccat,	ʒj	
	Acidi sulph. aromatici	f.ʒj.	M.
Et adde.—			
	Acidi arseniosi,	gr.ij	
	Podophyllin,	gr.x	
	Gelsemin,	℈j.	M.

Ft. pil. No. xc.

Sig. Take one pill three times a day, after meals.

These are to be omitted on the expected chill day, and six-grain doses of quinine given every two hours, commencing very early in the morning, until three or four doses are taken, p. r. n. I would here remark, if there is a disposition to intolerance of quinine, its combination with bromohydric acid (to which my attention was attracted in Braithwaite some time ago) will be a prophylactic against headache and other unpleasant results. The acid is an excellent solvent of quinine, and the addition of a drachm of the fluid extract of glycyrrhiza will greatly modify its unpalatableness. As this form of intermittent is hard to dislodge from the system, Dr. C. M. M. might not find it amiss to use "the old woman's remedy" as an addendum, *i. e.* yarn strings saturated with turpentine, applied around the waist, wrists and ankles, on the day of the expected chill. Of course, it is presumed that any hepatic indications have been promptly and judiciously met. Yours, truly,

CHAS. BASKERVILLE, M. D.

Horn Lake, Mississippi, Feb. 13th, 1878.

Irritation from Elongated Prepuce.

ED. MED. AND SURG. REPORTER:—

The diagnosis and treatment of the following case was suggested to me by reading the very instructive article in the MEDICAL AND SURGICAL REPORTER of October 14th, 1876, by Dr.

Lewis A. Sayre, on peripheral irritation. Guy J., aged 2½ years. For 18 months previous to this time, his mother had complained to me of his incontinence of urine and frequency of micturition, also of painful erection of penis, and frequent crying spells, as if in pain, especially at night, or during micturition. I had prescribed diuretics, anodynes and antispasmodics, supposing it a urinary disease, but the child continually got worse, and the parents became alarmed, and insisted on a more active treatment.

On examination I found an excessively enlarged and elongated prepuce, and a constriction of the orifice, so that when he attempted to urinate the prepuce almost formed a closed sack, retaining the urine, and causing erection and chordee. Child excessively nervous. In walking drags the left leg, and does not have control over it, as over the other.

Placed the patient under chloroform, and removed, by circumcision, three-quarters of an inch from the end of the prepuce. On reaching the head of the penis, found the mucous membrane adherent throughout its whole extent, to the head of the penis. With the handle of the scapula and fingers, enucleated the head from the membrane and brought the foreskin over the head and left it there, after making an incision, to prevent swelling and strangulation of the glans.

Gave the mother directions to frequently move the foreskin, so as to prevent its adhesion again to the head of the penis. Dressed with carbolized glycerine. Wound healed kindly and rapidly, and the paralysis, chordee, frequency of micturition and painful crying spells disappeared. Still has some nocturnal incontinence of urine; I think more from habit than from disease. R. D. Barber, M. D.

Worthington, Minn., Feb. 7th, 1878.

News and Miscellany.

Medical Editors at Law.

The Cincinnati *Medical News* has been made the subject of a law suit between its editors. An injunction and receiver were applied for, but the judge ruled that no sufficient case was made out. The *News* appears to have been published at a financial loss to those interested.

Diphtheria in Boston.

The alarming prevalence of diphtheria in the "Back Bay" portion of Boston as the new part of the city is called, is thus set forth in the correspondence of the Taunton (Mass.) Gazette: "The prevalence of diphtheria on the Back Bay is something terrible. There is scarcely a house in that elegant portion of the city which has not been visited by this terrible scourge. A gentleman living on the lower part of Beacon street told me, a day or two ago, that within a stone's-throw of his house there were 20 cases, of the most malignant type. He said that in his own house the sewer gases were so strong that they blackened all the metal, even the brass nails on the dining-room chairs.

Brown-Sequard on the Nervous System.

This eminent physiologist delivered two lectures in this city last month, on his new views of the nervous system. We have already given in this journal the peculiar views he enunciates (Reporter, vol. xxxvi, pp. 16, 17). After hearing his arguments from his own lips, we would say that he certainly brings forward objections fatal to the hitherto received theories of motor-nervous action; but that the theory he would substitute is too vaguely supported by experimental evidence to receive, as yet, general adhesion. The lectures will be published in complete form, from stenographic notes, in a few days. Price 50 cents.

Mortality from Cholera Among the Pilgrims to Mecca.

Washington, Feb. 21.—Consul-General Schuyler reports to the Secretary of State that there is great mortality from cholera among the pilgrims to Mecca. There were at that place, between the 24th of December and 2d of January, 787 deaths from cholera, and at Jeddah, the port of Mecca, between December 29th and January 6th, 1124 deaths. It is to be feared that, with the return of the pilgrims to their homes, the disease may reach Constantinople, where its ravages would be increased by the present wide-spread suffering.

Personal.

—Dr. Henry C. Moss was assassinated at his home at Venice, Illinois, early in the morning of the 18th ultimo. He had arisen to take some medicine, when he saw two men peeping through the window. He opened the door, thinking they wanted his professional services, and one of them immediately fired, shooting him through the heart. Several men have been arrested, on suspicion.

—Dr. R. V. Wilson, of Clearfield, Pa., who died last month, had attained some eminence in his profession, and was among the first citizens of his section. At the time of his death he was a member of the Geological Commission, created by an act of the Legislature some years since, to perfect the geological survey of the State.

—Dr. E. D. Gazzam, who served several years in the Legislature of the State, died on Tuesday, February 20th, in this city, aged seventy-four.

—Mrs. Jane Pitman, who died in Cincinnati, February 11th, requested, by will, that her body should be cremated by Dr. LeMoyne, of Washington, Pennsylvania. Her wishes were carried out.

Discreditable Pictures.

An illustrated paper is published at the Hot Springs, Arkansas, designed to advertise certain hotels and regular (!) physicians. These latter favor the public with their counterfeit presentments, done in wood, and glowing tributes to their own powers. They are getting a well-merited scoring from the Western medical journals, and it is to be hoped their discipline will not end with that. Nothing could well be conceived more unbecoming and discreditable.

Organization of the English Boards of Health.

The English sanitary regulations emanate from a Central Board of Health, created by an act of 1875, with very extensive powers. It controls all local boards, and these also take charge of varied interests; for example, the construction and maintenance of sewers, the cleaning of streets and country roads, and the removal of impurities from private enclosures, with measures of precaution in view of epidemics, the visitation and amelioration of tenements, and, in general, a minute and constant surveillance of the cleanliness and salubrity of the district under their management, and of the health of its inhabitants. They alone can authorize the establishment of slaughter houses and certain kinds of factories; they have the power to open and widen streets, and to create parks and squares, and they must see to it that an adequate supply of gas and water is forthcoming. Much of this work they are permitted, and in some cases required, to let out to contractors, but they cannot free themselves from responsibility and the duty of supervision. Not only the maintenance, but the security of the public thoroughfares, to a large extent, falls within their functions. It is for the health boards to make regulations regarding public vehicles, and to deliver licenses to hacks, and it is their business to enforce penalties for a number of petty delinquencies, such as obstruction of the highway, the discharge of firearms, or any species of disorderly conduct. In a word, Boards of Health in England, at present, engross, or encroach upon, powers distributed in other countries among at least half a dozen distinct organs of government.

The expenditure of such a comprehensive department must, of course, be very considerable. During the last year for which statistics are accessible (1875), the total outlay for all the sanitary bureaus in town and country exceeded fifty-nine million dollars, while the indebtedness of the Health Boards had reached one hundred and seventy millions. Moreover, these figures do not include the sums relating to the city of London.

The local Boards of Health are at present forced to obey the initiative of a central bureau, to register its orders and carry out its plans. The fifty or sixty millions levied on the propertied classes and assigned to sanitary objects have passed under the control of men appointed by the national Executive, and representing the whole people. The fact is beyond question that the enormous fund devoted to health has been far more wisely administered under the new regime.

Items.

—A German laborer, in New York, drank at once a pint and a half of whisky, and died in three hours.

—Traces of trichinæ, according to the St. Louis *Post*, have been found among some of the hogs killed in that city this winter.

QUERIES AND REPLIES.

Hypophosphites.

J. E. M., of Pa.—The hypophosphites of lime and soda are considered the most effective in phthisis. The following combination may serve as a sample:—

R. Calcis hypophosphitis,	ounce ss	
Sodii hypophosphitis,	drachms ij	
Misturæ acaciæ,	fluid ounces iij	M.

Teaspoonful thrice daily.

"No Cure, No Pay."

Mr. Editor:—Can a practitioner of medicine take a case and treat it on the principle "no cure, no pay," and not violate the spirit or letter of the Medical Ethics? Practitioner.

Answer.—It is clearly contrary, both to the dignity and the ethics of the profession, to make such a bargain. The physician gives his time and his knowledge, and for these he should be paid. The result is often wholly beyond his control.

Dr. E. F. A. writes:—Will Dr. Goodell inform a subscriber what kind of a dilator he uses in cases of cervical uterine flexions, and what is his after-treatment?

To this, Dr. Goodell obligingly furnishes the following:—

In answer to E. F. A., I reply that, in stretching open a narrow or a tortuous cervical canal, I use Ellinger's dilator; and that after-treatment is needless unless cervical endometritis be present. E. F. A. will find the details of this mode of treatment in one of my contributions to your journal, published in the issue of January 17th, 1874 (p. 47).

William Goodell, M.D.

500 *North 20th street, Philadelphia.*

Dr. L. W. H., of Indiana, asks for the most approved formula for disguising the taste of quinia.

Answer.—A number may be found in Naphey's *Medical Therapeutics*, page 454.

DEATHS.

Fetherolf.—On Tuesday, the 12th instant, of diphtheritic croup, Winslow Henry, only son of Dr. A. P. and Susan E. Fetherolf, aged 5 years.

Wistar.—On the evening of the 19th ult., Lydia J. Wistar, widow of the late Dr. Casper Wistar.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** Cerebral Congestion, Headache, Indigestion, Bile, Hemorrhoids, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. Belin and Tardieu, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

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TAR AND IRON,

Prepared by DUREL, Pharmacist, Paris.

The combination in one preparation, of the stimulating and balsamic properties of Tar with the tonic properties of a salt of iron, is a desideratum, which has at last been attained in this preparation. The indications for such a remedy are many, but it has been found especially useful in CHLOROSIS, BRONCHIAL CATARRH OF THE BLADDER, CHRONIC UTERINE DISCHARGES depending upon an enfeebled or relaxed state of the system. It is sold by chemists generally.

[illegible]

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1868.

Silver Medal.

1872.

Gold Medal.

1873, VIENNA.

Medal of Merit.

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Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

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OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Blancard

Pharmacien, No. 40 Rue Bonaparte, Paris

without which none are genuine

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

The scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does ; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly ;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say : —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,

Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE ; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,

Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.

Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

☞ *Price-Lists and Descriptive Catalogues furnished upon application.*

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Original Department.

Communications.

LOCAL PRURITUS AND ADHERENT PLACENTA.

BY A. D. BINKERD, M.D.,
Of Karns City, Pa.

I was called, last October, to prescribe for Mrs. P., aged 40 years, English. Mother of eleven children, only three of whom survive. Her six last were either still-born or perished within a few weeks after birth. Mrs. P., was married and had her first child in England. She states that she had not a very hard labor, and a good "getting up" at her first confinement, but that all her subsequent gestations and labors were periods of much suffering. She is of nervous temperament, fair skin, very small bones, large body, with slender limbs.

When first called my patient was suffering from hemorrhoids and local pruritus, the seat of which was a papular rash extending over the pubis and down the thighs. The former I opened with the bistoury, turned out the clot and washed the wound with carbolized water, and advised that the bowels be kept in a soluble condition.

The pruritus was more obstinate, but it yielded in time to lavements, anodyne lotions topically, and Fowler's solution in eight-drop doses three times a day, increased by one drop every third day, till the eyes began to swell, and then as gradually diminished.

She now got on tolerably well, considering that she was in the eighth month of her twelfth pregnancy, all by the same husband. There was no discharge from the vagina to occasion pruritus. After the papular eruption and the itching had subsided, the skin remained hot and dry. Thirst would not be appeased, though she drank quarts of water daily. The kidneys and bowels performed their functions freely and well. Neither feet nor hands were swollen, but the abdomen was so enormously enlarged that the patient breathed with difficulty.

On the morning of the 4th of January, while the patient lay quietly in bed, without pain or warning, the amniotic membrane suddenly ruptured, and drenched the bed with several gallons of water. I was called at once, and found the patient very much relieved, breathing easily, and free from pain. Labor did not begin till the morning of the 7th, though there was a constant dribbling of water since the 4th of January. About nine o'clock on the morning of the 7th a ten and a half pound female child announced its arrival by a rather feeble call. Once before and twice after the expulsion of the child, I gave a little more than half a teaspoonful of the fluid extract of ergot, which was thrown up, very sour, within a short time. This ferment was soon neutralized by a little soda, and the vomiting ceased. As there was no hemorrhage, I was not in a hurry to remove the placenta. I could feel a tolerably firm contracted uterus, but two hours had not expelled the placenta, and I was obliged to introduce my hand into the uterus and remove the placenta by force. I first found hour-glass contraction; then, having passed my hand beyond this contraction, I found morbid adhesion of the placenta to the uterus, for the first time in a dozen years.

According to the teachings of eminent men, I was led to believe that it was a very simple and easy operation to break up these morbid adhesions and peel off the placenta from the inner surface of the uterus. I have a somewhat different notion of this thing now. I have often been called to remove the placenta after the child was born, sometimes after the funis had been broken by the unavailing efforts of the accoucheur to remove it, but in not a single instance prior to this one were there any real morbid adhesions. Whoever finds a case of true morbid adhesion of the placenta will appreciate what I say upon this subject. Dr. Gunning S. Bedford very tritely remarks that young practitioners find morbid adhesions of the placenta to the uterus of common occurrence, if their statements are to be relied on. "But, gentlemen," says Dr. Bedford, "my own opinion is, that what is truly understood by morbid adhesion of the after-birth is to be classed among the very rare occurrences of the parturient chamber. That it will, however, occasionally be met with is unquestionable."

But I digress. I did not find it an easy task to peel off the placenta. I soon found I could not do it at all. I could not even distinguish between placenta and uterus, nor ascertain, with certainty, the point of union. I was compelled to work by faith and not by sight.

As the patient was very much exhausted, I was obliged to cease my efforts occasionally, without withdrawing my hand, in order to let her rest. I finally succeeded in breaking the continuity of the placenta, and pinching off one portion after another, encountering occasionally a tough fibrinous band that I could not break off close by any force that I was enabled to bring to bear on it. After I had shorn off the placenta between the nails of the thumb and index finger, I felt the fragments that remained extending over a surface nearly as large as the palm of the hand, covering the anterior portion of the fundus of the uterus.

Examining the portion removed, I was satisfied that a considerable portion still remained behind. The operation had already consumed fifteen minutes, and nearly exhausted the patient, and it was not without much anxiety that I permitted to remain what I was utterly unable to remove. For an hour or two the patient was restless, and complained of some pains in the small of the back. I left her at twelve o'clock and returned at two P.M. Found her much quieter, but no after pains. At seven P.M. I saw her again. Pulse 120; temperature 101½°. She complained of a sense of heat in the pelvic regions. No after pains. I gave twelve drops tincture of foxglove, and ordered a suppository containing one grain opii pulv. and one grain extract belladonna, to be introduced into and pushed above the inner sphincter of the rectum. Also bromide of potash every four hours. Called at nine o'clock next morning. Pulse 120, temperature 99°. She had a comfortable night, with the exception of one severe after pain, which expelled some clots. The kidneys acted freely. No tympanitic tenderness and no pain. I ordered carbolized injections into the uterus every six hours. The patient said she felt better after each injection. I also gave cincho-quinine, five grains, with a quarter of a grain of morphia, and one grain of the mild chloride of hydrarg., night and morning. On the third day after parturition the temperature rose to 104½° in the morning and receded to 103½° in the evening. The pulse never exceeded 120 per minute. On the fourth day the temperature was 102°, and then gradually approached the normal condition. At this date, being the twelfth day, the mother and child are both doing well. It would seem, from this case, that the absorption or the sloughing of a portion of the placenta without detriment to the patient is not an impossibility.

OPHTHALMOLOGICAL CASES.

BY J. R. L. HARDESTY, M.D.,

Of Wheeling, W. Va.

Congenital Defect of Both Crystalline Lenses.

CASE 1. Miss P., aged 18, consulted me on account of defective vision. Snellen's 200 was read with difficulty at 20 feet; Jaeger's 6 at 4 inches. Examination with the ophthalmoscope, through a well-dilated pupil, revealed a dark convex line, the convexity being in the vertical meridian of the pupil and occupying about one half of the pupillary space. The contour of the convexity was about the same in both eyes. There was tremulousness of the iris, the discs were perfect, and in all other respects the eyes were normal. With + 5 her vision to Snellen's $\frac{20}{50}$, and + 2½ enabled her to read Jaeger's 6 at 12 inches. In a long experience this is the only case of the kind that has ever fallen under my observation.

Double Lachrymal Fistula.

Case 2. A little girl, Maggie M., 4 years of age, was brought to me suffering with fistula of both sacs Upon inquiry I learned, when eight or nine months of age, the child had what was at the time supposed to be an attack of erysipelas, but which terminated in fistulous openings of the lachrymal sacs; the openings were very small, barely admitting of the passage of the smallest probe. The inflammatory condition was slight, but there was a copious blennorrhœa present. Under an anæsthetic, the canaliculi were both divided with the blunt-pointed knife, which was then passed through the strictures, dividing them in all directions freely; the sacs were then syringed out with a lotion, viz—

℞.	Alcohol,	℥j
	Acid carbolic,	ʒss.

Sig.—Thirty drops in half a glass of water.

After which I divided the fistulous tracts through full extent, with a delicate knife, and nicely adapted the parts with plaster; in twenty-four hours the sacs were again syringed with the lotion, which completed the treatment, except an iron and quinine tonic. No stilets or other appliances were used. The result was entirely satisfactory.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF DR. J. SOLIS COHEN.

REPORTED BY J. A. CARNCROSS, M.D.

Case of Paralysis of the Crico-thyroid Muscles, and Spasm of the Antagonist Muscles of the Larynx, requiring Tracheotomy; and in which power of Phonation is retained without Occlusion of the Tracheotomy Tube.

Gentlemen:—The first patient I will show you this morning is an unusual and most interesting case; a private patient, who has kindly consented to present himself before you, that you may observe a vocal phenomenon, so rare as to be reckoned among the impossibilities.

R. J. is forty-six years of age, although he looks older. He sleeps well, eats well, all his functions are well performed, and he is apparently in excellent health; and were I to ask him why he is presented as an invalid, he would tell you that it is because he has deficient vision and is compelled to breathe through an artificial opening in his windpipe.

In October, 1876, Dr. Hinkle, of this city, requested me to make a laryngoscopic examination of this gentleman. There had been a history of cough for two or three years, attended with occasional obstructive spasm of the larynx, so severe as to create considerable alarm. On two occasions consciousness was lost during the spasm, and suffocation had been imminent. His breathing was embarrassed and often stridulous, and at night could be heard all over the house. I found, however, upon careful examination, that the condition was not due to disease in the larynx itself, but that its cause resided in the nervous system. The patient's family and social history is perfectly good. Early in life this patient had a suppurative inflammation of the ear, which eventually subsided, and he reached manhood in good health. He has been addicted to excessive smoking; consuming fifteen or sixteen cigars a day, with an occasional pipe in addition. At the time I first saw him his sight and hearing were impaired, and there existed a tendency to spasmodic action of the intrinsic muscles of the larynx. Upon making an examination with the laryngoscopic mirror, there was found to be paralysis of the left crico-thyroid muscle, which abducts the left vocal cord and opens the left side of the glottis, and, in addition, a disposition to spasm of the muscles whose function it is to close the glottis. If we make a laryngoscopic examination in the normal condition of the parts, we see the vocal cords widely separated during inspiration, and approximating slightly as expiration is performed. In phonation they are approximated much more closely, so that the air in passing sets the cords in phonal vibration, on the principle of reed instruments of music. In this gentleman's case, in addition to the paralysis of the crico-thyroid muscle, which is supplied by the superior laryngeal branch of the pneumogastric nerve, ultimately derived from the spinal accessory, there was spasmodic contraction of the several muscles that coöperate to close the glottis, all of which are under the influence of the recurrent laryngeal branch of the pneumogastric. This same condition of spasm exists in laryngismus stridulus of children, which, if continuous but for a short time, is certainly fatal.

On consultation it was determined to keep the patient within doors, to put him upon large doses of bromide of potassium, and to administer inhalations of nitrite of amyl to relieve the paroxysms as they recurred. This was done for several days, when one morning the patient accidentally put his finger in his external auditory meatus, and this was immediately followed by spasm of the larynx, a result which frequently occurs in those curious but well authenticated cases of ear-cough, where titillation of the canal of the external ear produces cough, or spasm of the larynx. Ever since the suppurative otitis of childhood, this patient has been liable to cough on manipulating the external auditory meatus. The spasm on this occasion was so severe that it nearly proved fatal. The following day, while in my office, describing the attack, he inadvertently placed his finger again in the ear, and again a paroxysm was immediately produced, requiring the prompt administration of chloroform to relax it. The next day I performed tracheotomy, the only treatment that is of avail in these cases.

The peculiar phenomenon in this case is that the patient is able to speak in a good voice that can be heard all over the room, without occlusion of the tracheotomy tube. This patient's trachea is so capacious, that although wearing an unusually large tube, a portion of the expired air passes by the sides of the tube sufficient to put his vocal cords in action, so that the voice is good enough for all practical purposes, as you can all hear for yourselves; but you observe when the tube is closed, by placing the finger upon its external aperture, how much more resonant and powerful the voice becomes. Shortly after the operation, I was very much surprised to find the patient speaking without occluding the tube, and I at once concluded that the tube had slipped out of the trachea, or had been forced out by swelling of the soft parts; I withdrew it and replaced it, and had ordered another and longer tube to be made before I discovered that the canula remained in its proper position without preventing effective phonation. The books state, and the general impression among medical men is, that as soon as artificial respiration through the trachea is established, the voice is lost, unless the aperture is occluded, and it was several days before I could clearly understand the reason of its conservation in this case, as I had been brought up in the idea that there could be no phonation without occlusion of the tracheotomy tube. That there are exceptions to this rule, you see and hear for yourselves.

Now a few words in reference to ear-cough. You will sometimes meet with cases in which cough is produced simply by placing the finger or any other object in the ear, and other cases in which nausea results from the like, or from simple removal of cerumen. This is due to the distribution of the nerves to the ear and to the larynx. The pneumogastric nerve supplies the walls of the pharynx and larynx with sensation. Its superior laryngeal branch is the motor nerve of the crico-thyroid or dilator muscles of the larynx. The recurrent laryngeal is the motor nerve of all the other muscles of the larynx, which act separately or together, to close the rima glottidis and approximate the vocal cords. These motor fibres are believed by most physiologists to be originally derived from the spinal accessory. The external canal of the ear is supplied with sensation by the auricular branch of the pneumogastric, and the irritation being reflected along the nerve to the base of the brain is referred to points of ultimate distribution of this great nerve in the stomach, larynx and lungs. Irritation of the larynx, similarly, in some instances, produces abnormal sensations in the external auditory meatus. One night I was summoned in consultation to a case of croup, as was supposed, but finding no abnormal appearance on laryngoscopic inspection, further investigation revealed that the child was suffering from ottorrhea, the treatment of which soon put an end to the spasm of the larynx. When you have a case of persistent cough, which cannot otherwise be accounted for, always examine the ear, and there you may find the whole cause of the otherwise inexplicable occurrence.

I would like to impress on you that tracheotomy is the only treatment for paralysis of the muscles that separate the vocal cords, especially where it is complicated by spasm of the comparatively powerful muscles that close the glottis. The special indication for the paralysis in itself would be the application of electricity, but under these circumstances you dare not use it, for the entrance of a foreign body, as an electrode, into the larynx excites a spasm, which is here most to be dreaded. If, on the contrary, you have paralysis of the muscles that close the glottis, you can often treat the case advantageously by the electric current, for spasm necessitates closure, which you want.

Some ten or more years ago I encountered my first case of the kind before you, in a lady, whom I could not persuade to undergo this operation of tracheotomy, though I induced her to allow the necessary instruments to remain in her bureau, with the promise that at the first intimation of a suffocative paroxysm she would immediately send for the nearest surgeon to perform the operation. She kept them near her for several months. In her case the spasms were at first overcome by inhalations of ether—nitrite of amyl, which is better, was not then known—and she inhaled ether from time to time to an enormous extent. Finally the anticipated attack came, but the operation failed, because of the carbonization of the blood, due, I believe, to poisoning by the ether.

A similar case was brought to me a few years later, by a gentleman in large surgical practice, who could not realize the necessity for the operation, and the patient, also a lady, shortly afterward died in a suffocative paroxysm.

A third patient, likewise a lady, came under my care in consultation with the same physician to whom I am indebted for the case before you, and who joined with me in urging the necessity of an operation. Consent could not be obtained, and resort was had to inhalations of ether in the paroxysms; and she, likewise, died in one of these paroxysms, though reached in a few minutes by her physician when the paroxysm was reported to him.

After learning the termination of this case I determined the more to insist on the operation in all instances that might present themselves subsequently. A similar case presented itself in 1866, to Dr. Marion Sims, of New York, who sent the gentleman to London, to put himself under the care of my friend, Dr. Morell Mackenzie, so well known as the great British authority in all affections of the throat. He was advised to have the operation performed at once, but being deterred by the sight of a patient wearing a tracheotomy tube, he declined to submit to it, concluded to defer it, though he provided himself with the necessary instruments for use in an emergency. The emergency occurring while traveling in Switzerland, the operation was performed at Geneva, successfully; and the patient recovered and was reported to me a few months ago as living in the enjoyment of good health, in Rochester, New York, though still unable to dispense with his tracheotomy tube.

In the case before you, we could discover no adequate cause for the production of the disease. The patient's opinion is that his trouble is the result of excessive smoking, but I do not think this can be the sole cause. It is exceedingly improbable that paralysis of the crico-thyroid muscle could be induced solely by the excessive use of tobacco; though this may account for the atrophy of the retina, which is the cause of his impairment of vision.

You have probably heard of Daltonism, or color blindness, so-called because the individual is unable to distinguish between different colors. This infirmity, under certain circumstances, becomes a dangerous evil, especially in the case of flagmen employed on railroads, who are now, in some localities, obliged to undergo an examination of their power to distinguish colors before being engaged.

Shortly after tracheotomy was performed, this gentleman found his indistinctness of vision increasing, and it has so far progressed that he is totally unable to read a newspaper; and at the same time Daltonism became developed; things green look to him red, and things red look to him green; he sees the complimentary colors of objects instead of their real tints. There is, therefore, progressive atrophy of the optic nerve, in addition to the laryngeal spasm.

Acting on the supposition of functional irritation near the roots of the laryngeal nerves having produced thickening of their sheaths, or that some other cerebral pressure existed—and a very slight amount of thickening of the sheath or pressure may produce paralysis—we endeavored to get this patient under the influence of the iodide of potassium, but he was unable to endure it, even in minute doses; the depression became so great that we were obliged to desist. We then placed him under the progressive influence of strychnia, which was pushed to the extent of three-fifths of a grain per diem, and kept up for more than ten weeks; and during the period he was taking this, the spasm of the cords became permanent. For three or four months there has been a continuous condition of clonic spasm of the cords, despite the discontinuance of the strychnia. Had I not known better, I might have been misled into the belief that this was due to adhesion of the arytenoid cartilages.

The actual cautery has been frequently applied to the nape of the neck without any benefit. On discontinuing the strychnia we recommenced the iodide of potassium in gradually increasing doses, and while before he was unable to take even a grain a day, he now takes gr. xv three times a day, without difficulty, and we hope eventually to produce such constitutional impression as will be of some benefit.

Let me here give you an evidence that the iodine is eliminated in part by the breath and bronchial mucous membrane. You notice, when I take out the silver tube, I find this positively proven by its deep blue color in the lower portion, where exposed to the breath and secretion. This gentleman is in the habit of removing the tube every day, but I requested him to allow it to remain for a day longer, in order that you might see the iodine on its lower surface. You will observe that the whole surface of the inner tube is completely discolored, while the lower portion only of the outer tube is thus discolored by the iodine. For a few days the patient was placed on biniodide of mercury, and the tube became tinged with a dark-reddish metallic stain. So you see here are the proofs that iodine is eliminated in part by the bronchial mucous membrane, a fact which explains one of its effects, which is to produce more or less bronchorrhœa.

I propose, after pushing the iodide sufficiently, to make an application of vapor of nitrite of amyl directly to the original seat of the disease in the ear, so as to follow the track of the initial irritation, for you must remember this disease has followed and is connected with an affection of the ear. It is impossible to get any medicine to affect the paralyzed muscles that will not also have an effect on the muscles that are not paralyzed, and that are already the subject of spasm. The application of nitrate of silver and other substances to the susceptible portion of the ear has done no good, and has always been followed by spasm.

Dysphonia, from Paralysis of Right Vocal Cord.

The next case I want to show you is a man to whose condition I called your attention some time ago, and which you will readily recall. He could then speak only in a whisper, and you will observe how much better his voice is now. The treatment to which this improvement is due has been the constant use of small doses of strychnia, given three times a day, and faradization of the muscles adducting the right vocal cord, which were in a paralyzed condition. I propose to-day to go through the motion of passing electricity through the vocal cords, in order to show you the manipulation. I shall probably do more than simply go through the motion; I will apply the current to the cords, but you will be able to see only the demonstration. In this case the electricity can be used with perfect impunity, as there is no tendency to spasm. I will use here a constant current from a battery of twenty cells. The manner of passing the current is as follows: I have here a long curved electrode, the extremity of which is covered by a piece of moistened kid, which is to be introduced into the larynx, above the vocal cords, with the aid of the laryngoscopic mirror, the patient at the same time holding the other electrode to the outside of his throat, over the crico-thyroid membrane. I instruct the patient, before passing the current, which creates more or less unpleasant feeling, to keep perfectly still during the application, and if he find the current too strong he can break it at once by removing the external electrode; otherwise a sudden start might cause serious injury to the parts, from contact with the intra-laryngeal electrode. The current is interrupted at pleasure, by a spring catch in the handle of the instrument. This ingenious electrode is a device of Dr. Morell Mackenzie, of London. When applying the battery to the external skin I first place the electrode in warm salt and water, which is a better conductor than simple water; if the skin be moist the current will more readily pass, still more so if the water be warm, and if slightly saline or acidulated, still better. The mucous membrane is moist, of course, and it will not be necessary to resort to this expedient with the internal or laryngeal electrode. In order to make a laryngoscopic examination you should have a reflecting mirror attached to the head, or placed in a suitable position on a firm support. If possible, use the direct rays of the sun, by means of which the part will be brilliantly illuminated; if you cannot obtain this you resort to the artificial light produced by a lamp, placed in a convenient position, the light being condensed by a lens, as in the ordinary Tobold illuminator before you, which is generally used for this purpose. Sitting opposite your patient you place a napkin or cloth in his hand, and then tell him to put out his tongue, and grasp it with his fingers covered by the cloth, and to hold it firmly. You want to get all the room you can in the mouth, so as to effectually illuminate the pharynx. You introduce the laryngoscopic mirror into the mouth, without touching the tongue, first heating its reflecting surface, to avoid its becoming dimmed by the condensed moisture of the breath, and you raise the palate on the posterior surface of the mirror, resting the lower edge of the mirror against the pharynx. In making the examination the patient holds the tongue, and the physician holds the mirror, in the right hand. When I am ready to operate, not being ambidextrous, I take the mirror in my left hand, and hold the laryngeal electrode in the right hand, and let the patient hold the external electrode in his right hand, and his tongue in the left hand. Seeing the parts well reflected in the mirror I carry the electrode down with the right hand quietly, and placing it over the proper muscles, contraction is at once produced, as the spring is pressed. The manipulation being over, the patient tells you that as I pressed the spring, again and again, for a few seconds, he felt, at each time, a jumping sensation in the throat; this was the contraction of the muscles.

Now this demonstration applies to all operations upon the larynx. You get first a good view of the part you wish to act upon, and then carry your instrument to that spot; and no matter what you may use, brush, lancet or electrode, the manipulation is similar. Of course it requires practice to be able to follow the reflex in the mirror, but it is easily acquired by industry and perseverance, and in the laryngoscopic room, where it is being done daily, you can have an opportunity to see the manipulation to better advantage. The strychnia will be continued internally in this case, and the application of electricity be repeated at intervals of two or three days.

Goitre, its Causes and Treatment.

H. B. This young lady, 18 years of age, I have not seen before. I am told it is a case of goitre. Goitre is an enlargement of the thyroid gland. A certain amount of fullness is an improvement in the beauty of the female neck—that is, if it be not on one side more than the other, as in this case; but unfortunately the trouble rarely stops here, and the tumor steadily increases in size. In its structure it is found sometimes to be a cyst, sometimes simple hypertrophy of the gland structure; at other times it is a fibroid enlargement, and in some cases it is a malignant growth. Some cases are associated with disease of the heart and protrusion of the eyeballs, forming the affection known as Grave's disease or Basedow's disease, exophthalmic goitre. It is supposed that the thyroid is a blood gland. Its functions are not known, but it is supposed to be associated with the lymphatic glands in other portions of the body in the elaboration of some of the elements of the blood, or in some manner aiding the process of nutrition. A multitude of causes have been cited for the occurrence of goitre, and its prevalence in certain districts. Persons accustomed to ascending heights, carrying heavy weights on their heads or backs, are apt to have this gland enlarged, as occurs in infantry soldiers climbing mountainous regions with knapsacks on their backs, the enlargement subsiding on again descending and living in the valleys. Another very plausible suggestion is that in mountainous regions the sun shines only on one side of a valley, or in deep gorges upon neither, so that the inhabitants live largely in the shade, and are exposed to sudden changes of temperature which affect the blood and the blood glands.

This patient was born in Philadelphia, and the trouble began two years ago. She has been in good health, and has not been obliged to carry anything heavy. When thyroid enlargement occurs in young women it is apt to be associated with disorders of the menstrual or digestive functions, and this possibility should not be overlooked in the treatment of the case. This patient has been under observation for ten months, and has used a number of remedies, with benefit from iodides, including topical applications of iodide of cadmium. The iodides induce absorption. A vegetable remedy of similar influence is the phytolacca, or poke root; and stillingia, or queen's delight, is another; and these may be well associated with iodine. You will often find admirable results in the treatment of glandular enlargements from either of these, in fifteen-minim doses of the fluid extract. If this gland were not decreasing I should be tempted to show you the effect of ergotine injections, but I do not think it advisable to change the treatment, as the patient is steadily improving and her general health is well established.

Chronic Tonsillitis, and its Treatment by Hypodermic Injections of Ergotine.

This is a case of enlargement of the left tonsil. Let me show you the proper method of examining the throat. In office practice you may use the tongue depressor, for the sake of cleanliness, but it is by no means absolutely necessary, as you always have a better tongue depressor at hand, namely, the right forefinger. If you stand in front of the patient and depress the tongue with the instrument, you can only see half the throat; but if you stand at the side of your patient and a little behind him, and use the finger in the same manner you would the instrument, you get an unobstructed view down the pharynx; sometimes you can see the epiglottis.

I bring you this case to show you a novelty in treatment which may be available when excision is not desirable. You are all aware that certain uterine and other tumors have been successfully treated by hypodermic injections of ergot. This is the treatment we have adopted in this case, with, I think, a certain amount of success. You use, say, fifteen minims of water with one-quarter to one-third of a grain of ergotine, injecting it into the substance of the tonsil, low down and far back. Carbolic acid is also used in a similar manner, but we have no results to exhibit as yet.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A Conversational Meeting of the Society was held at the Hall of the College of Physicians, Philadelphia, October 24th, 1877, Dr. Henry H. Smith, President of the Society, in the chair.

A paper was read by Dr. S. W. Gross, on the "Treatment of Spinal Abscess," which received a vote of thanks.

Dr. R. J. Levis remarked that the awakening of inflammation of pyogenic surfaces by suddenly removing the pressure of their contents, is an observation that surgeons have long been familiar with. Mr. Callender, of London, is in the habit of over-distending such abscesses, after their evacuation, by injecting a solution of carbolic acid, with excellent effect. It is very certain that the pus evacuated from these abscesses, when examined by the microscope, shows no evidence of germs when first discharged, but that flowing from the wound several hours afterward is full of these bodies. Whether or not the systemic irritation is due to the germs we are not in a position to positively say, but certain it is that while constantly associated with irritation and inflammation of pyogenic surfaces, their existence cannot be due to this cause alone; and it is equally certain that the cases do much better, ordinarily, when the inflammation of such pyogenic surfaces is prevented by the expedients suggested.

Dr. Benjamin Lee said: The paper of the evening and the subject discussed are certainly of great interest. If we refer to our systematic text books of surgery, taking Erichsen, in Great Britain, and Gross, on this side of the water, as examples, we find them to concur almost invariably in the advice that these abscesses should be let alone. The success following their surgical treatment has not heretofore been very encouraging. So true is this, that many have abandoned any attempt to relieve them, even by subcutaneous evacuation, either by valvular incision or by the aspirator. I had hoped that the aspirator would prove an effective resource in these disorders. I have used this instrument, however, in a number of the cases under discussion, and have found the needle or canula of the syringe to plug so seriously as to interfere greatly with its efficiency. I am in the habit, after evacuating the abscess, and before withdrawing the needle, of throwing in a disinfecting solution, thoroughly distending the cavity, so as to bring it effectively in contact with every part of the lining membrane, generally using, for this purpose, a solution of iodine. This, however, sometimes leads to the introduction of air. A perfect aspirator should avoid all possibility of this accident. My best results have been obtained by the method advocated in the paper just read, free evacuation and disinfection, previously placing the patient at rest, and by proper apparatus securing the parts in their new position. I would not, however, as has been recommended by the lecturer, wait for several weeks before applying the mechanical support, but would put the parts at once in their improved position, and evacuate the sac with confidence. Just so long as we allow the diseased surfaces of the vertebræ to remain in forcible contact with each other, grinding and crushing the granulations with every motion of the body, we shall have the patient's strength exhausted and the process of repair impeded. It is also of primary importance to prevent the diseased surfaces from being brought violently together by irregular muscular contractions. I do not believe that rest alone will do this. I do not believe that we can accomplish all that we ought until we secure extension; for muscular contraction will not be overcome by mere rest in the recumbent posture. We have a number of appliances for this purpose, among which, as has been mentioned by the lecturer, is the plaster bandage, or jacket, used by Dr. Sayre, which I have frequently employed with the best results.

My rule would be, first to get the parts at rest, and to relieve pressure between the diseased surfaces by proper appliances for extension; then, if the abscess still increases, to evacuate by free incision, and apply compression with antiseptic dressings. But extension and fixation will sometimes secure absorption of the pus, the abscess will shrivel and dry up, and the resort to operative interference be avoided.

Mr. Callender's method, as I understand it, is to draw off the contents of the sac, then overdistend it by forcibly injecting some antiseptic solution, bringing the fluid in contact with every part of the wall before withdrawing it, or allowing it to escape.

In regard to the excessive suppuration in these cases after operation, I do not think that I am prepared to receive the explanation that has been offered this evening. Air introduced and retained will, in itself, be sufficient to induce putrefactive changes, and hence promote suppuration and its consequences, pyæmia and purulent infection; but where the sac is laid open freely and kept open, properly drained and properly dressed, we may hope to escape such results. The treatment advocated by the paper of the evening is by no means new. Dr. C. Fayette Taylor, some years since, read a paper before the New York Academy of Medicine, recommending this method, in which he attributed his success, as I do my own, to placing the spine in splints before operating.

Dr. S. W. Gross said that in the paper he had purposely avoided discussing the original cause of the trouble, but only referred to the *treatment* of pyogenic abscess, in which he laid special weight upon the recommendations to place the patient at rest, and adopting certain measures to prevent the diseased vertebral bodies from rubbing together. In the attending caries or necrosis the contiguous surfaces of the vertebra are covered with granulations, and every motion of the spine, or involuntary muscular contraction, tends to injure or crush these tender structures. He thought that Dr. Lee must have overlooked the last words in the paper he had just read, in regard to the after-treatment. In the future he should evacuate as soon as the existence of pus was detected, without waiting for the abscess to point. Recumbency does a great deal toward overcoming muscular contractions. He claimed that there is no form of apparatus made that will prevent the bodies of the vertebræ from coming together when the patient walks about. The ordinary form of spinal apparatus sold in the shops only lifts up the scapula, and does not take the weight of the body from the spine in any degree.

Dr. Lee remarked that he was fully in accord with the lecturer as to the uselessness of the ordinary crutch apparatus in spinal disease; that he had called attention fifteen years ago to its injurious effects, through pressure on the brachial plexus and vessels, and had never since then resorted to its use.

As regards the impossibility of fixing the spine and obtaining extension, he felt compelled to differ from the views expressed by the lecturer. If a patient comes to me with the signs of spinal caries, and I apply an apparatus to obtain extension and fixation, I employ just the same principle, and with the same result, that is adopted in the treatment of a broken limb. In both we have solution of continuity and the injured surfaces in contact producing irritation, and we apply a splint and make extension, which affords relief from pressure and places the parts at rest. Now, if to a spine with a projection in the dorsal region, such as this (illustrating on the blackboard), we apply a splint with a strong band passing around the sacrum, and controlled at its upper end by other bands passing over the shoulders, I maintain that we do separate, to a slight extent, the surfaces of the bodies of the vertebræ. Thus, on the principle of the fulcrum and lever, we throw the weight off from the bodies of the vertebræ and on to the articular processes; unless, indeed, there is actual bony anchylosis. If I can do this, I can give my patient relief from all the acute symptoms, and place the parts in a vastly better position for recovery than where the treatment is simply by the recumbent position.

Dr. S. W. Gross said that one of the most reliable symptoms of disease of the vertebræ is immobility of the spinal column. If the patient is told to stoop he does so with the whole body, and does not flex his spine. Nature's process in healing is to consolidate the vertebræ. Even if we could, by the application of apparatus, separate the vertebral bodies, which is certainly doubtful, would this not rather tend to retard than to aid the cure?

Dr. John H. Packard felt constrained to say that he had seen very good results from Dr. Lee's plan of treatment, and believed that the splint referred to by Dr. Lee answered better than any other. He called attention to the analogy existing between these cases and the diseases and injuries of other large joints, where the patient is wakened from sleep by the pain caused by jerking of the muscles, and in which the application of extension gives relief from pain. His understanding of the apparatus recommended by Dr. Lee was, that it did not apply a great amount of force, such as would be used by the hand in extending the spine, but steadily tended to separate the diseased surfaces, and prevent their being rubbed together by irregular and spasmodic muscular contractions. The reason why a child suffering from this disease keeps its back stiff, is because its will is not strong enough to subject it to the pain caused by the motion of the spine.

Dr. Lee replied that he believed the gentlemen to be perfectly right regard to the action of the splint, but thought that there was direct relief from pressure obtained from the action of the apparatus. If we find a patient until then helpless, and suffering agonies, walking about in twenty-four hours after its application, perfectly free from pain, he would inquire on what principle this is to be explained, if not that of relief from pressure?

Carr's Splint for Fracture of the Radius.

Dr. Henry H. Smith invited the attention of the Society to Carr's splint for treating fracture of the lower end of the radius, which, although invented twenty years since, he thought was new to most of the members present, as all the surgeons to whom he had shown it were unacquainted with it. Before describing it Dr. Smith reviewed the elementary principles requiring consideration in the treatment of this fracture, and the manner in which they were met by the apparatus presented. In the first place Carr's splint claims to adapt itself to the front surface and curved shape of the radius, a peculiarity which has been too much neglected. All the splints in general use are straight, flat in front, and cannot accommodate themselves to the shape of the front surface of the bone. As regards the true locality of the fracture, surgeons have differed to the extent of some inches, most describing it as above the articulation, but it must be remembered that the epiphysis of the radius only unites with the shaft of the bone from the age of eighteen to twenty-five years, and that this makes the occurrence of a diastasis a common thing in early life. At this age the weakest point in the whole bone is where the epiphysis and shaft come together, and the articular surface of the radius meets the convexity of the bones of the carpus. This joint, it should be remembered, is irregular, is protected not only by the capsular ligament and its prolongations, but also by the flexor and extensor tendons which pass both in front and behind the wrist. Where the flexor and extensor tendons play over the radius there are also bursæ, and the tendons are sunk into grooves in the surface of the bone itself, so as to support and protect the epiphysis. When a fall occurs, the brunt of the force being borne by the heel of the hand, the line of the force is backward, upward and inward, and is mainly resisted by the epiphysis, where it articulates with the first row of bones in the carpus. When the direct violence falls on the anterior surface of the hand, and internally, the result is, the styloid process is chiefly struck off, thus splitting the articulating surface of the radius obliquely upward; the periosteum is torn; effusion rapidly takes place into the bursæ, and from the peculiar relations of the parts, the deformity is exaggerated, and the fracture appears to be much higher up than it really is. Barton described the fracture as one involving the articulation, and as the force is transmitted through the carpus, the greater number of fractures of the lower end of the radius are really cases of "Barton's" fracture, as is well known in Philadelphia, where there are numerous specimens. Colles described his fracture as a solution of continuity in the radius, occurring one and a quarter inches above the joint. Barton described his as extending into the articulation one-half or two-thirds of an inch above the carpus, and is the condition that Dr. Smith believes exists in the great majority of cases of fracture, and in many supposed sprains of the wrist-joint. In Colles' fracture, the laceration and separation of the periosteum by the fracture, the resulting effusion, and the displaced fragment, the hand being thrown upward and backward, create the so-called "silver-fork deformity" of Velpeau. In Barton's fracture the hand is thrown inward, like a lateral luxation or sub-luxation to one side, so strongly as occasionally, though rarely, to lacerate the ulnar lateral ligament, or the styloid process of the ulna. Just as in a fracture of the fibula the internal malleolus may be broken.

In "Bond's splint," with which these fractures of the radius are generally treated, a flat surface of the splint is made to correspond with the curved surface of the radius, and this difficulty was originally obviated by the application of an anterior compress, which Dr. Bond was particular to apply, but which lately is by many omitted. Without this correction, Bond's splint has produced worse deformities than if the case were left to nature. To remedy this defect, a Dr. Carr, of Goffstown, New Hampshire, in 1843 suggested a splint, to which Dr. Smith's attention was called by Dr. Henry A. Martin, of Boston, who published an account of it in the Boston *Medical and Surgical Journal*, of August 17th, 1876. Carr's splint, which is now shown, consists of a narrow splint, two inches wide, curved to fit the front surface of the radius and ball of the thumb; a rounded block, or piece of broomstick, being placed diagonally across its lower extremity, for the palmar surface of the fingers to rest upon and seize, the fingers being left free to move at pleasure. A posterior interosseous splint accompanies it, which may be needed in obstinate cases. This splint meets the indications so well, in Dr. Martin's experience, that Dr. Smith requested Mr. Gemrig, our cutler in Philadelphia, to have some manufactured from this pattern, and he now keeps them in stock. The splints are right- and left-handed, the back or outer splint being used at discretion, both being padded by bandages when applied.

One material advantage gained by Carr's splint is that, the fingers being left free, they do not become stiff, and the necessity for the painful after-treatment of stiffness of the joints by electricity, forced flexion, and passive motion, is entirely obviated. It is also claimed by Dr. Martin that the length of treatment of this fracture is much reduced, and that the patient can use his fingers freely while wearing the splint, that he can hold a knife or fork in eating, etc., and is much less inconvenienced than by the former plan of treatment. When the splint is applied under the forearm, and the hand grasps the stick, the deformity is reduced at once, simply by muscular action; if it is not, a little manipulation and slight lateral flexion will be sufficient to accomplish it. The splint is then to be secured with a few turns of the bandage, which must not include the fingers or pass below the metacarpo-phalangeal articulations. The dressing should not be disturbed for a week, unless the roller becomes loose, and often it suffices, toward the third week, to keep the wrist fast to the splint by a few adhesive strips.

The pistol-shaped splint of Nélaton, for the treatment of this fracture, is mentioned only to be condemned, as it is based upon a false theory, and is now very rarely used by surgeons. Dr. Martin* regards the concavity of the radius as being recognized by Prof. Gordon in his splint, but he improperly, he thinks, applies his splint to the *side* of the bone and not *under* it, as Dr. Carr does, and this is an important point in the treatment.

Dr. John H. Packard called attention to some other disadvantages of the Bond's splint. The block on which the hand rests, instead of being carved to fit the palm of the hand, is simply a half-cylinder. When the hand is placed firmly on this, and kept in this constrained position for a length of time, it is not surprising that pain should be caused and stiffness of the fingers result, for the metacarpus and fingers are held in a painful restraint, with pressure especially on the ulnar side of the palm. For this reason he had, for a number of years, been in the habit of making alterations in the Bond's splint before using it; the first being to carve the block so that it should fit into the vault of the palm when the hand is at rest, and the second being to reduce the width of the splint by taking off one of the leather side pieces and, before reapplying it, cutting the splint down to the shape of the forearm. Finally, Bond's splint should never be used without the pad, which adapts it to the under surface of the radius. He had been much pleased with a splint made by Dr. Coover, of Harrisburg, which was shown at a meeting of the State Medical Society, and which he has used with great satisfaction. It is carved so as to be applied to the under surface of the forearm and hand, and keeps them in an easy position, and it effects the same results as the splint shown by Dr. Smith. The treatment of a fracture of the radius requires care and attention; it does not necessarily follow that if it is placed in a Bond's splint the result will be a perfect cure. Great care should be exercised in the selection of an appropriate splint, and in meeting the various points that may arise in the progress of the case.

Dr. Nancrede reported six cases treated by the form of splint shown by Dr. Smith, which he had ordered to be made from the description published in the paper referred to. The results were excellent in all of them, but he had obtained equally good results from Bond's splint by using the pad for the forearm and by attending to the details just mentioned by Dr. Packard.

Dr. R. J. Levis thought that the styling of fractures of the lower end of the radius with the names of either Colles or Barton is unfortunate, and leads to miscomprehension of the real nature of the injuries. Both of these surgeons properly described the external manifestations of the deformity after the usual fracture of the lower end of the radius, but both were in error as to its real pathology, and also as to the true mechanism of its production. Colles described the fracture as occurring at one inch and a half above the extremity of the bone, while the opinions of nearly all practical surgeons, both in this country and in Europe, and extended observation of pathological specimens, decide that the ordinary transverse fracture is located at but one-quarter to three-quarters of an inch above the articular surface. As to the so-called Barton's fracture, Dr. Levis has never seen an instance of it, and it seems to have no recognition beyond what has been given by two of our Philadelphia authorities. Neither Malgaigne nor Hamilton believe in such a fracture, nor do any of the European authorities mention it; and the speaker had never been able to find in any museum a dried specimen of the fracture as Barton described it, although there are to be found hundreds of specimens of the ordinary transverse fracture, very near to the lower end of the bone.

Dr. Barton himself admitted that he had never pathologically verified the fracture he hypothetically described, and Dr. Levis believed that he mistook for it the ordinary transverse fracture very near the articular surface.

The fracture, according to Barton, is where "a quite small fragment is broken from the end of the radius on its dorsal side." These are his exact words, and it is evident that his notions on the subject have not generally been comprehended by surgeons. It cannot be denied that such a line of fracture may be possible, but it is not the ordinary fracture of the lower end of the radius, with its characteristic deformity, and must be very rare. Both Colles and Barton erred as to the mechanism of the production of the fracture. A transverse fracture cannot be produced by force in the direction of the long axis of the bone. A transverse fracture, or cross-break, can only be produced by an act of leverage in a transverse direction. The true mechanism of the fracture is, that falls on the palm of the hand produce extreme extension, and transverse fracture occurs in the concavity of curvature just above the articular surface of the radius, through its weak, cancellated tissue, and *is entirely due to transverse strain.*

It is easy to produce the ordinary transverse fracture in the cadaver, particularly if the subject be old, by grasping the hand and very forcibly bending it backward until the break occurs. Dr. Levis has verified the fact that the fracture thus produced resembles exactly the fracture of ordinary occurrence, and it does not differ from the many dried specimens of the museums. He has tried in vain, with force, in varied ways applied, by pressure, and by blows with a mallet, to produce on the cadaver the fracture Barton believed he was describing. It will also be found that attempts to produce backward dislocation of the wrist in the cadaver will result only in transverse fracture at the usual location.

The great error in the treatment of fracture

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*Boston *Medical and Surgical Journal*, August 17th, 1876, p. 4.

of the lower end of the radius is in not recognizing its transverse character, the outward and backward displacement of the lower fragment, and in not allowing for the curvature of the palmar surface of the lower end of the bone. The displacement can always be reduced by powerful forced flexion of the hand, aided by pressure in a forward and inward direction on the lower fragment. Inversion of the hand, as on the pistol-shaped splint, can only add to the deformity, by throwing the convexity of the carpus against the already outward displaced fragment. The effect of the same inversion is to render tense the radial flexors of the carpus, and thus make the displacement greater. The only splint that can answer the indications is one that supports the normal curvature of the anterior surface of the radius, and maintains forced flexion of the carpus. In addition to such a palmar splint pressure may be made with a straight splint, and pad on the dorsal aspect of the lower fragment.

The deformity, painfulness, and loss of power in the wrist and hand, which are the frequent sequences of fracture of the lower end of the radius, are wholly due to imperfect apposition, and consequent permanent deformity at the seat of fracture. Such impairment does not follow the correct treatment of the fracture.

Dr. Henry H. Smith felt compelled to question the statement that there was no such thing as a Barton's fracture, and still more so the remark that no specimens of it could be found in any pathological collection in the city. He knew of several gentlemen who would be glad to show them to Dr. Levis, on application. F. W.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Prognosis of Mitral Insufficiency and Valvular Disease.

At the Medical Society of London, lately, Dr. Clarke read an interesting paper on this subject. He took a much more favorable view of it than ordinary. In order to calculate the prognosis of a given case, he urged attention to the following points: The family history of the patient; his age; his previous and present health; his habits, occupation, and general surroundings; the character and conditions of the murmur; the state of the heart, as to dilatation or hypertrophy, and especially the state of its muscular tissue. The following points were enumerated as being against a favorable prognosis: A family history of heart disease or of gout, or rheumatism; or history in the patient himself, of gout, rheumatism, gravel, ague, or other affections which sensibly influence the condition of the heart; the habit of dietetic indulgences, especially the habit of "swilling large quantities of fluid;" laborious callings; life in a low, damp situation, etc. Dr. Clarke pointed out strongly that of all single conditions acting unfavorably on the prognosis of this malady, deterioration of the muscular substance of the heart is the worst. He next touched upon the chief factors which appear eventually to bring about a fatal issue in cases of mitral regurgitation—viz., pulmonary and renal congestions, failure of ventricular power, and progressive dropsy, and he stated that they exercised their influence more speedily or more slowly as they are helped or hindered by the favorable or unfavorable conditions. Dr. Clarke remarked that the relative place occupied by mitral insufficiency in the general prognosis of valvular disease differed with different observers, and was extremely difficult to determine with exactitude. On this head he said, "For my own part, I think that to form a just estimate of the place of this malady in the scale of prognosis, it must be divided into two stages. In the first stage—that is, before failure of compensation has occurred—it is the least grave of valvular maladies; after failure of compensation, and reckoning suffering to be endured as well as peril to be incurred, it is perhaps the most grave. The only exceptions to this would be in cases of aortic constriction and regurgitation, with anginal complication."

Passing on to consider the conditions which justify a favorable prognosis, Dr. Clarke thought we may venture to say that if, in a given case of mitral regurgitation, the family and personal history be moderately good, if the murmur be stationary, if the muscular power of the heart be unimpaired, if there be little or no secondary complications, and if the patient be willing to place and keep himself in favorable conditions, the health might be indefinitely kept up without material interference with ordinary duties and enjoyments of life. The requirements necessary for the maintenance of health were shortly these. A simple and not over abundant dietary, with sufficient intervals between meals, taken at regularly recurring times; moderation in the use of red meats; abstinence from beer, cider, and other sour or sour-begetting drinks; the sparing use of any form of alcohol, which, if taken, should be taken only with meals; maintenance of the due action of the bowels; avoidance of violent exertion, of hurry and excitement, of getting chilled when heated, of causes which bring about the rheumatic state, of the excessive drinking of liquids, of the free use of acid fruits, if practiced, of dwelling upon the actions and conditions of the heart; and, lastly, the cultivation of an orderly, occupied, cheerful, and tranquil life.

Dr. Clarke concluded by remarking that though these particulars might seem too trivial for serious enumeration in such a Society, yet when we remember that it is mainly through the long and continued influence of little things in our daily lives that disease is begotten or health maintained, we cannot think so, and that no physician can adequately discharge his duties to his patients who disregards them.

The Preparation of Green Soap.

Sapo viridis is now much used by dermatologists. Mr. H. Betz says, in the *American Journal of Pharmacy:—*

In making green soap, one or two points have to be taken in consideration. In the first place, the color; this green color is one of the most difficult to obtain from vegetables. I have made a number of experiments, and found none to answer so well as the green coloring matter precipitated from a solution of indigo by lime.

Another point is the disagreeable odor which green soap usually has, but this is easily overcome by a few drops of essential oil, for instance, the oil of citronella.

The following formula may be found useful in preparing this soap:—

℞.	Oil of linseed, U. S. P.,		
	Solution of potassa,	āā	Oj
	Coloring matter,		q.s.
	Oil of citronella,		gtts.x.

Place the oil and potassa in a porcelain dish; mix thoroughly, and boil with a regulated heat until the mass becomes thick or stringy; then add the coloring matter and the oil of citronella, with constant stirring. If the oil is perfectly saponified the mass must be homogeneous and transparent; opaqueness may be due to want of water, or to an excess of fat, or of solution of potassa. The first and the last can be remedied by a small quantity of water, and if the proportion of oil was too large, an addition of solution of potassa will render the mixture clear.

Diseases of the Urethra in Women.

An abstract of a paper by Dr. A. Blum, on this topic, is given in the Edinburgh *Medical Journal.* He describes the methods of examination which are most useful. Dilatation of the female urethra, though re-introduced within the last forty years, is as old as the middle of the sixteenth century, when it was carried out by means of special instruments to permit the extraction of stones. It may be done immediately or gradually, the former being the more preferable method. Simon used to incise the external orifice with a knife or scissors, and then dilate with a series of caoutchouc specula. Busch, Ellinger, and others have invented special instruments for the purpose. It is occasionally followed by incontinence; but rapid dilatation is a rational and necessary operation in suitable cases. In discussing the separate diseases, urethritis is shown to be not so uncommon as it was supposed to be by Hunter, Vidal, and others. It is by far most frequently found in connection with gonorrhœa. Sigmund found urethritis and vaginitis combined in 476 cases, vaginitis without urethritis in 282, and urethritis alone without any concomitant inflammation in only five cases. Occasionally the disease spreads to the neck of the bladder. It is not so severe a disease as in the male, and the diagnosis is not always easy, and cannot be made without physical examination of the parts. Foreign bodies of all kinds are sometimes found in the urethra, and give rise to troubles in urination, inflammations, and sometimes to hemorrhage, fistula, and incontinence. They should be removed, if necessary, after dilatation Strictures are of very unfrequent occurrence in the female urethra, and are either congenital, traumatic, or rarely syphilitic. Their seat is usually at or near the external orifice; they are seldom of large extent. The proper treatment is slow and gradual dilatation. As to whether fissures of the urethra similar to those of the anus have a real existence, the author cannot yet determine. They have been supposed by many recent writers to exist in cases where there was very frequent necessity to make water, and great pain and irritation afterward, without any other obvious cause. In some of these cases forced dilatation has entirely relieved the symptoms.

The Purity of Chloral.

At a recent meeting of the Pharmaceutical Society of this city, Prof. Maisch said that, from some experiments, he was convinced that the shape of the crystals was no criterion of its purity; that pure chloral hydrate had a slight acid reaction, and that the density of the white vapors produced with a glass rod moistened with ammonia was largely influenced by the temperature. The practice of giving a little information about physical properties, for the purpose of influencing trade, was carried on in Europe as well as here; he did not believe that absolutely pure chloral hydrate had as yet been put into the market, and he was strengthened in this belief by the transactions of the Berlin Apothecaries' Society, where this question was incidentally ventilated. Of late, chloral chloroform, that is, chloroform made by the decomposition of chloral, had been bruited in Germany as the only article worthy of confidence for its purity, but the researches that have been instituted by Schacht and Bilz, upon this claimed superiority of chloral chloroform, had shown it to be entirely erroneous, as the chloral chloroform when treated with sulphuric acid became discolored very speedily, like the chloral from which it had been prepared, which is not the case with absolutely pure chloral, or with the chloroformum purificatum of the Pharmacopœia.

Phimosis in Children.

Dr. Charles Bell says on this subject, in the Edinburgh *Medical Journal* :—

The contraction of the prepuce is sometimes so great that a probe can with difficulty be introduced into the urethra; in consequence, when the child passes water, it becomes distended like a bag. If this state is allowed to continue, a calculus may be formed within the prepuce, giving rise to symptoms similar to those of calculus in the bladder. There will be frequent desire to pass urine, with violent straining, and the little patient will press the penis with his fingers.

Treatment.—If the contraction of the prepuce cannot be overcome by gentle means, Mr. Forster recommends that it should be seized by a pair of forceps and the contracted portion cut off, performing a sort of circumcision. Others advise the use of a director, which should be inserted between the prepuce and the glans penis, and to slit open the prepuce with a bistoury, care being taken not to insert the director into the urethra, an accident which took place in a case of Mr. Forster's, and the urethra was laid open. It has been suggested by some authors that, previous to cutting open the prepuce, a ligature should be passed through it, so as to prevent the outer skin separating from the inner. It seldom happens that an operation is required in early life, and when the deformity occurs in advanced years, it may be overcome, in some instances, by injecting tepid water. I heard of a case some time ago, which occurred in a gentleman advanced in life, and the country surgeon laid open the prepuce.

Antiseptic Treatment of Inflamed Bursa.

The following case is given as a sample by Dr. R. Roxburgh, of the Royal Infirmary, Edinburgh, in the Edinburgh *Medical Journal.* J. R., a miner, aged 18, was admitted, 10th September, 1877, with an enlargement of the bursa patellæ, associated with pain, particularly on movement. No distinct history was forthcoming, but he had only suffered pain and inconvenience for a week. The skin having been purified with a strong carbolic lotion, a small incision was made, with a tenotomy knife, into the bursa, under the spray, and about half an ounce of sero-sanguineous fluid was squeezed out. A few threads of fine carbolized catgut were then introduced with sinus forceps, and the usual gauze dressing was applied, the limb being bandaged to a posterior splint. The dressing was left untouched for ten days, during which the patient never complained of pain, and on its removal, on the tenth day, the bursal swelling was found to have entirely disappeared, the tiny wound was completely cicatrized, and the portion of the catgut outside the wound was lying on the skin just as it had been left, but cut off by the cicatrix at its point of exit, so that it could be rubbed away with the finger. The patient returned home cured.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Isaac Ott sends us two of his interesting physiological studies, one on the action of the alkaloids of opium, and the other on the rapidity of the transmission of nerve force in normal and stretched nerves. On the latter subject he arrives at the following conclusions :—

1. The rapidity of transmission of nerve force, at the temperature of about 10° C., is between twenty to thirty metres per second.

2. That stretching a nerve lowers the rate of movement of nerve force.

3. That strong currents causing extra polar katelectrotonus, as in normal nerves, retard the movement of nerve force.

——Dr. Edward C. Loring has proposed the question : Is the human eye gradually changing its form and becoming near-sighted under the influence of modern education? His reply is that the unquestionable increase in myopia is solely owing to defective hygienic arrangements in schools, and the injudicious use of the eyes at a tender age. In the course of his paper he takes occasion to query very pointedly whether Germany is entitled to that intellectual supremacy she has been arrogating this last half century. We are glad that Dr. Loring is bold enough to do this, for there has been a growing need that it should be done.

——The *Gazette Médicale de Paris* announces that Dr. Dureau, assistant Librarian to the Académie de Médicine, who for the last twenty years has been collecting materials, will shortly publish a bibliographical index of the works on medicine printed in Europe from A.D. 1450 to 1550. He would be grateful to those of his medical brethren who may possess rare works or scarce editions of this period, if they would be good enough to mention them to him. He will willingly give them all the information which he may already possess respecting such works. The second part of the index will comprise the rare works from 1551 to 1600, and so on.

——Dr. Francis Delafield, of New York, has commenced the publication, through Wm. Wood & Co., of a series of "Studies in Pathological Anatomy." They will concern particularly the inflammations of connective tissue, of the mucous membranes and viscera, and the structure of tumors. Each paper will consist of from two to four full-page drawings and accompanying text, and one will appear each month. The first twelve papers will include the pathological anatomy of pleurisy, of peritonitis, and of meningitis. Subscription $5.00 a year; single numbers 50 cents. The first number appeared in February.

——Messrs. J. B. Lippincott & Co. have added to their "Library of Contemporary Science" a translation, by Robert T. H. Bartley, M.D., of a treatise on *Anthropology*, by Dr. Paul Topinard. This is addressed to the public as an elementary treatise on Anthropology, in which an effort has been made to furnish to the student and general reader a systematic resumé of the results of the latest investigations and discussions.

——In a reprint from the St. Louis *Medical and Surgical Journal*, Dr. Edward Borck figures and describes a double inclined plane, for cases of fracture of the femur. He believes that by this apparatus he places the bone in a natural position, and is enabled to use extension, if any is needed, from the thigh direct, and not from the foot—an obvious advantage.

——In a reprint on the nature and treatment of lupus, Dr. Henry G. Piffard, of New York, recommends scraping out as much of the diseased structure as possible, and then cauterizing the floor and edges of the wound, with the actual cautery at a white heat.

BOOK NOTICES.

Reports on Diseases of the Chest, under the Direction of Horace Dobell, M.D., etc. Assisted by numerous and distinguished coadjutors in different parts of the world. Vol. III. London, Smith, Elder & Co. 8vo, pp. 438. Price $5.00.

This is the third volume of Dobell's Reports, the nature and scope of which we have fully explained in notices of the preceding numbers of the series. The present one surpasses its predecessors in richness of material and in excellence of its presentation. The epitomes are admirably written, and it is safe to say that not an article or monograph of real original merit, published anywhere in the world, on the subject of thoracic disease has escaped the investigation of the editors. As a model of its kind, it is the most perfect we know in the English language. Indeed, we can go further, and say that nothing of the sort in the continental languages surpasses it. The limitation of its field to diseases of the heart and lungs and their immediate associates, gives it the chance of going more fully into what writers say than were its scope wider. The Sydenham Year Books, for instance, are little more than catalogues, and irritate the student rather than benefit him, by giving him a lot of references to journals and books he has no means of consulting.

The reports embrace the anatomy, physiology, pathology, etiology and therapeutics of the thoracic organs. It is announced that hereafter they will not be annual, but will appear at such times as the accumulation of important material may render advisable. A copy of the three volumes may be obtained through this office, for $12.00.

Transactions of the Thirty-second Annual Meeting of the Ohio State Medical Society, Cincinnati, 1877.

This volume contains a number of excellent papers. An article by Dr. Thos. W. Gordon, on the antipyretic powers of quinine, gives sound reasons for administering that drug in two- and three-scruple doses in certain complaints. His remarks on its value in sunstroke are especially noteworthy. That strange and obscure disease, milk sickness, is discussed by Dr. S. S. Gray. He thinks its cause wholly unknown as yet, but whatever it is, it disappears when the soil is cultivated. Dr. C. S. Muscroft has an energetic plea in favor of the prevention of syphilis by medical supervision. He estimates that not less than *two millions* of the inhabitants of the United States are suffering from that disease. Dr. S. F. Forbes explains and recommends the reduction of dislocations, especially of the ball and socket joints, by manipulation, showing how easily and safely this can be effected.

There are also articles on chloral hydrate as a remedial agent in puerperal convulsions, by Dr. Jonathan Morris; on the surgical treatment of perityphlitic abscess, by Dr. J. H. Pooley; on purulent ophthalmia, by Dr. X. C. Scott; on paracentesis of the cornea, by Dr. S. C. Ayres; a memoir of the late Wm. Awl, by Dr. Pooley; obituaries, by Dr. B. B. Leonard; the address of the President, Dr. W. J. Scott; and the minutes, etc.

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D. G. BRINTON, M.D., EDITOR.

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FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the Reporter, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

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In all cases the remittance for the new subscriber must cover one full year's subscription.

THE DISPOSAL OF THE DEAD.

A laudable emotion prompts us to care for the body of the departed when the vital spark has left it, and when we well know that the inert semblance before us is naught but a material mass hastening to lower and simpler combinations. Only in the lowest planes of civilization does a base superstition prompt the neglect of the corpse. The Brazilian savage, who hastens to throw it into the nearest ditch or river, the Osage, who at once deserts the hut where one has died, and leaves the remains to the vulture and the wolf, are types which impress us with horror.

Noble in comparison was the anxious superstition of the Egyptian, who embalmed in imperishable balsams the corporeal relics of the dead; or of the Peruvian, who was so careful lest any portion of him should fall to dishonor that he saved with scrupulous care the parings of his nails and his falling hairs.

Modern customs retain much of this profound respect for the body. When George Fox taught the vanity of erecting costly monuments over the decaying flesh, and recommended that no sign at all need keep the memory of its resting place, he preached a doctrine centuries in advance of his age. The verity of his words become sadly apparent to us when we enter some neglected burying ground, and see the tombstones slanting and tumbling in all directions, broken, defaced, and weather-worn, whereon we can scarcely decipher the favorite inscription, which we might supposed placed there in ghastly irony, "Gone but not forgotten."

In cities, where the dense population and the rapid growth combine at once to over-fill and outstrip the earlier cemeteries, there is a migration of bones every ten or twenty years, shocking to contemplate to any one with a spark of the old Egyptian reverence left. There is a description of such a transportation in Zola's late novel, *La Famille Rougon*, written in the wonderfully realistic style of that writer, after reading which one has a horror over him for days.

Perhaps we, as a generation, are altogether too much dominated by vestiges of ancient usage or superstition in our treatment of the dead. The ostentation of large funerals is objectionable, not only on the ground of economy, but also on that of health. Contagious diseases are thus disseminated, and the exposure often incident at the cemetery, the slow walk over wet and cold ground, and the standing with bare head during the services, are all frequent causes of illness in the attendants, and occasionally bring about their own funeral in an unduly short time.

The evils of interments within closely populated districts, in the vaults of churches, in certain varieties of soils, or near water courses and wells, have frequently been adverted to. There is no doubt but that such remissness is an important factor in preventable mortality. Most cities regulate by law the further deposition of bodies in their limits, and it is of the last importance that they should do so.

Such considerations as these have led to looking upon the suggestion of cremation, as a means of disposing of the dead, with increased favor. We notice that in several parts of Europe societies have been formed with properly constructed crematories, in which the cadaver can be consumed in an hour or two's time, and the ashes preserved, if desired.

It is said that this method, so much in vogue in the Roman Empire, fell into desuetude among the Christians, on account of the doctrine of the resurrection of the flesh. But apart from the light which a more careful exegesis has thrown upon the passages in which this dogma is believed to be taught—an exegesis which gives directly the contrary of the literal doctrine long accepted—we now know that whatever disposition is made of the body, buried, burned or eaten, it is finally resolved into the same indestructible inorganic elements. Therefore the most scrupulous could not find a difficulty here.

While the public is probably not yet ready to make any great change in the directions above mentioned, it is the sanitarian's duty to advocate, as opportunity offers, any improvement in existing customs which recommends itself.

NOTES AND COMMENTS.

Science and Superstition.

The following extract is taken from a report on hydrophobia, lately published in an English medical journal.

"We cannot recognize, then, in rabies, any special conditions which preclude us from hoping that the beneficence of the Evolver, which enables us to grapple with other diseases, will grant us similar power over this sad scourge of humanity, and in this spirit we lay before the profession our views on treatment, curative, preservative, and preventive."

It would seem that the ancient and naive faith, that the Deity has created for every disease its appropriate remedy—the foundation of the mediæval "doctrine of signatures"—still finds advocates among our insular brethren. But that high science obtains there, too, is shown by the fact that the Deity is no longer the Creator, but the "Evolver." Evolver is a good word. We give it welcome.

The Development of Tænia.

At a late meeting of the Parisian Academy, a note by M. Redon communicated experiments on the ribbon-like development of cysticercus in the human subject. The writer swallowed cysts collected from human beings, and gave some to pigs and dogs. Man alone offered a nidus favorable to the development of these parasites, and yielded cucurbita. This proves that the tænia solium may proceed from a cysticercus, and that the cysticercus of man is not the same as that of the pig.

Uses of Salicylic Acid.

The salicylate of lithia has been used in this city, with asserted advantage, in gout and rheumatism of the chronic form. The various salicylates are having a quite remarkable run in Paris, where, just now, they are all the fashion,

Dr. Otto, of St. Petersburg, has employed inhalations of a two per cent. solution of salicylic acid in an epidemic of the disease which broke out at Lisetz, in Livonia, in August 1876. The treatment was applied in seven cases, and was commenced as soon as the convulsive stage appeared. The number of paroxysms was rather rapidly diminished in all the cases; the best results were observed in children who were in rooms of which the temperature was kept equal. The author says that he does not attempt to show from these few cases that this treatment is absolutely effectual in whooping-cough; he merely desires that the remedy should have a further trial.

Analysis of the Milk of an Esquimaux Woman.

Among the Esquimaux who are at present at the Paris Jardin d'Acclimatation, says the *Union Médicale*, is a young mother, who is suckling two infants. Dr. Coudereau undertook the analysis of her milk, in order to compare it with that of Europeans. He found that while it contains a smaller proportion of salts, it is rich in sugar, and especially in fat. This richness in the hydrocarbons accords with the habitual regimen of the Esquimaux, who resist cold by the consumption of an enormous amount of fatty bodies.

Effect of Growing Plants on the Air.

In a recent article, the eminent sanitarian, Prof. von Pettenkofer, of Munich, argues, from data collected by himself and others, that there is no superabundance of oxygen in the neighborhood of growing vegetation, and that, as a matter of fact, so far as the supply of this particular gas is concerned, the country, with its boasted superiority, is not much better off than the town. This is quite contrary to what has frequently been taught.

A Test for Alcohol.

A very sensitive reagent for alcohol, and one that is very simple in its mode of application, has been found by M. Jacquemart. It is a solution of nitrate of mercury, obtained by treating the metal with a little nitric acid of average concentration. The action is vigorous and rapid. The mercury is brought in part to the minimum of oxidation, and if a little ammonia be added to the mixture, after the reaction, a dark precipitate is obtained, which is darker the more there is of alcohol in the product suspected. Methylic alcohols and similar liquids do not give a dark precipitate with ammonia.

Extract of Pimentum.

This preparation has been lauded by some French physicians as a valuable revulsive, not being so fugacious as mustard, nor so irritating as antimony or croton oil. It begins to act in from ten to thirty minutes, according to the delicacy of the skin, causing heat, a slight tingling and redness, which go on increasing for about three hours, when they remain stationary. The plaster may be applied for eight to ten hours in children, and for twenty to twenty-four in adults. No great irritation capable of impeding occupations ensues, and it may be best compared with that of a sinapism arrived at half its power, and so maintained for the twenty-four hours.

Dangers from Cats.

A writer in the *Lancet* observes that it is a mistake to suppose that there is no danger in the bite or the scratch of one of these animals. There have been abundant and melancholy proofs of the peril of contracting hydrophobia from cats. The danger is scarcely less than that which attends an injury inflicted by a dog. This should be borne in mind, and if the consideration should have the effect of diminishing the number of cats maintained, or rather kept without any adequate provision for their support, the population will be the gainers.

Sanguinaire or Arab Tea.

The *Pharmaceutical Journal* says, that Mr. J. R. Jackson has examined this tea, which is put up in Algeria, and is recommended in colds, catarrhs and chest affections; likewise as being useful in alleviating fevers, and in contributing to the enrichment of the blood. It was found to consist of the flower-heads and large silvery bracts of paronychia argentea and nivea. The infusion had scarcely any color, very little smell, and reminded rather of boiled hay.

External Use of Tincture of Belladonna in Night-Sweating.

Dr. J. T. Nairne writes to the *British Medical Journal*: For some little time past I have employed the common pharmacopœial tincture of belladonna for sponging the body in cases of phthisical and excessive sweating, and invariably with marked benefit. So far as my experience goes, I have found it very much better than anything else; if applied before a sweating comes on, it prevents it; if during the sweating, it almost immediately controls it. Two teaspoonfuls of the tincture mixed with an equal quantity of whisky are quite sufficient (applied with the hand) to cover the whole body and produce the desired effect. I have adopted this method of treatment in my last cases of scarlet fever, which have all done well; but they have not been numerous enough to justify any definite opinion of the value of belladonna applied in this manner.

CORRESPONDENCE.

Dislocation, from Muscular Contraction.

Ed. Med. and Surg. Reporter:—

I beg leave to report, through the columns of your journal, a case which has been under my observation during the past five months, and which, from its infrequent occurrence, may be of interest to your readers.

Early in August last I was called upon to reduce a dislocated jaw, in the person of Mrs. M., a strong, robust woman of 22 years, who had for the past five years been subject to epilepsy. At the time of the first attack, five years ago, she dislocated her jaw, but the surgeon in attendance, it seems, failed to effect its complete reduction, and as a consequence there remained a partial luxation, and the formation of a false joint. She continued having convulsions at intervals of from four to six months, and on each occasion would displace the jaw. I effected the reduction of the jaw to its acquired position without difficulty, but then discovered that there was also a complete forward dislocation of the left humerus. I then reduced this dislocation by manipulation. At that time I thought nothing of the matter, particularly as I supposed that she had struck upon the elbow or hand while falling, and thus produced it. About a month afterward I was again called to the same case, and found exactly the same condition of affairs as before. Both the jaw and humerus were dislocated, but the husband of the woman said that he had caught her in his arms at the time of the seizure, and thus prevented her from falling. In another week I was called again, but only the jaw was displaced. A few weeks after that I was again called, and found that the seizure occurred shortly after she had retired for the night, and while in bed, but nevertheless both the jaw and humerus were again dislocated. Then I began to be somewhat puzzled, and, as the husband indulged somewhat in ardent spirits, was inclined to doubt the truth of some of his statements; but on the 17th instant the mystery was cleared up. I was called about noon to see the same case, and found, as before, a dislocated jaw, which I promptly reduced. I then placed my hand upon the shoulder and ascertained that there was no dislocation of the humerus, but at that precise moment she was seized with a second convulsion, and as the spasm increased, and with my hand yet upon the shoulder, I distinctly felt the pectoralis major muscle contract and draw the head of the humerus from its socket, and produce a complete forward dislocation, as I had upon three previous occasions found.

We read of instances of dislocations of the humerus due entirely to muscular contractions, but I have never met with a case before. Undoubtedly muscular contraction plays a very important part in completing a dislocation partially effected by external violence, but the cases in which muscular contraction *per se* produces it, I have concluded, must be very rare. W. A. Hall, m.d.

Fulton, N. Y., January 19th, 1878.

Perityphlitic Abscess.

Ed. Med. and Surg. Reporter:—

Bertha H., aged 6 years, came under my care May 27th, 1877. Found great tenderness, pain, swelling and dull resonance on percussion in the right iliac fossa, with constipation. I diagnosed the trouble perityphlitis, *i.e.*, inflammation of the cæcum or caput coli, with circumscribed peritoneal inflammation. I ordered an enema, and also one teaspoonful of castor oil; also ordered rest, poulticing, and soft diet, with tinct. opii, et camp., as anodyne, ten drops if a good deal of restlessness occurred. Found my little patient fully as comfortable the next day; tenderness lessened somewhat; pulse 108, decrease of 12 from day previous; temperature in axilla 102°, decrease from day previous 5°. She continued about the same all through the next six weeks, although the tenderness of abdomen rather decreased, as well as pain and constipation, and all the symptoms were rather favorable for a good getting up, and our hopes were sanguine that our little patient was soon to be restored to health, as she commenced to sit up and handle herself much better. On the commencement of the seventh week the symptoms again assumed more of a serious character; tongue became furred; the tenderness of abdomen increased; rise in temperature, etc., without any apparent cause, as we had been cautious of indigestible food, and she had the best of care. She continued to grow worse. Dr. Woodard, of Johnson, Vt., was called in. After this I did not see her but two or three times, but Dr. W. prescribed poulticing and anodynes, as usual. About ten weeks from the time she was first taken, an abscess showed itself in the right lumbar region, just under the skin; Dr. W. opened it, when a muco-purulent discharge came therefrom, with fecal matter. Enemas, when used, and the solid food which she took, were also discharged through the abscess. She lived eighteen weeks after the abscess first made its appearance, in no great pain, but considerable uneasiness. Anodynes were freely used; there was some nausea and vomiting of ejections, such as flowed from the abscess, of a yellow-grayish appearance. This case attracted considerable attention, and I decided to report it to your excellent journal.

Vermont. H. W. Bacon, M. D.

Case of Vaginal Gonorrhœa in a Child.

Ed. Med. and Surg. Reporter :—

I have given you this case for publication, because I consider my duty would have been but half done, had I not. It is a case needing our genuine sympathy, and deserves no censure. It is hard to believe a man would ever become so inhuman and brutal as to participate in such an act as this, but sad to say, it is only too true. On Monday afternoon, January 21st, 1878, I was called to see a woman in labor. While there I was asked whether a child (age eight years) could have gonorrhœa. My answer being in the affirmative, the mother then told me the following: Noticing the child's drawers were stained yellow, she examined her, and found the genital organs inflamed and matter coming from the vagina. The child informed her that James —— (aged about forty years, a boarder) took her up stairs several times and lay with her. While there he opened the child's drawers and satisfied his beastly lust and communicated to her the disease from which he was suffering. He did not force the child, but only persuaded her, so she says. The child was then forbidden to say anything about it. This has occurred several times. To satisfy myself, I made a very careful vaginal examination, and questioned the child very closely, and am fully satisfied it is a case of genuine vaginal gonorrhœa—about a week previous to this, I placed this same man on treatment for gonorrhœa. The appearance of the vagina indicates that he succeeded in introducing the glans penis. Whether or not legal means will be used to place this man, or rather thing, in prison, I unable to say. I have the child under suitable treatment, and hope for the speedy cure of the disease. James Young, M.D.

Cowan, Pa.

Sciatic Neuralgia.

Ed. Med. and Surg. Reporter :—

I was called to see Fred W., aged 31, on January 1, 1878. Found him suffering intensely from neuralgia of the great sciatic nerve. Learned from him that he had suffered more or less from this disease for about a year. Had taken quinia, strychnia, and morphia internally, the latter to that extent as to render it difficult to do without it. He had used stimulating and anodyne applications locally, as well as a series of blisters over the course of the nerve. I commenced the treatment of this case by using the continued current over the course of the nerve, from its origin to its termination, on the outside of the foot. After the second application of the battery improvement began, but as the pain persisted to an uncomfortable degree in the region of the popliteal space, after the fourth application of the battery I injected one forty-eighth of a grain of sulphate of atropia, hypodermically, over the seat of the pain. In a short time the pain was gone, and has not returned since. The hypodermic injections of sulphate atropia, in one forty-eighth grain doses, were repeated two or three times, as was the galvanism also. I consider this case of sufficient interest to merit a report—1. Because of the comparative long duration of the disease without getting any relief to speak of, the patient having been under the care of a physician all the while, and for the four weeks previous to my first visit, confined to the house, and to the bed for the most part. 2. The prompt response to the remedies made use of. Which of the remedies, the electricity or the atropia, had the most to do in bringing about the result above stated, we leave it to the readers of the Reporter to judge; however, I believe that the electricity would have effected a cure after a little time, but that the atropia materially hastened the desired result.

L. M. Greene, M.D.

Bethel, Vt., Jan. 20th, 1878.

Clinical Lectures.

Ed. Med. and Surg. Reporter :—

I notice in the Philadelphia *Medical Times* for March 2d, a clinical lecture purporting to have been delivered by Prof. DaCosta. As I have understood that you had made arrangements for the publication of Dr. DaCosta's lectures last winter, I would like to know whether I must also subscribe for the *Times* in order to complete the series, or do you intend to continue their publication. C. C.

Philadelphia.

[We have to state, that the only clinical reports of Dr. DaCosta's lectures authorized by him, are those now appearing in the Reporter, which will be regularly continued. The report in the *Medical Times* was without his knowledge or consent, and does not correctly state his teachings.—Ed. Reporter.]

News and Miscellany.

Modern Homœopathy.

The New York State Homœopathic Medical Society, at its meeting last month, in Albany, passed the following resolution :—

"*Resolved*, That in common with other existing associations which have for their object investigations and other labors which may contribute to the promotion of medical science, we hereby declare that although firmly believing the principle "*Similia Similibus Curantur*" to constitute the best general guide in the selection of remedies, and fully intending to carry out this principle to the best of our ability, this belief does not debar us from recognizing and making use of the results of any experience, and we shall exercise and defend the inviolate right of every educated physician to make practical use of any established principle in medical science, or of any therapeutical facts founded on experiments and verified by experience, so far as in his individual judgment they shall tend to promote the welfare of those under his professional care."

We cannot give this action the laudation which it has received at some other hands. All that it amounts to is a protection to that class of physicians who pride themselves on knowing and practicing "both schools," as they phrase it. This class merits more distrust, as a rule, than the out-and-out homœopathists. A man of honest character and scientific mind does not want a resolution in order to allow him to follow what he knows is right. We trust that such specious professions as the above will not lead to any "fraternization." It is noways desirable.

Preventive Measures Against Epidemics.

The third week in February a quarantine convention was held at Jacksonville, Fla., in which the principal seaboard cities of the South were represented by their mayors, health-officers, or leading medical men. An important resolution was introduced by Mayor Tucker, of Norfolk, Va., and unanimously adopted, urging that the Government co-operate in the proper enforcement of quarantine, by requiring weekly reports to be transmitted by U. S. consular officers to the Surgeon General of the Marine Hospital Service at Washington, stating the sanitary condition of their respective ports, particularly with reference to the presence or absence of contagious or infectious disease, weekly abstracts of these reports to be furnished the sanitary authorities of every seaboard city and town; and by further requiring said officers to report immediately the departure from an infected port of any vessel bound to a port of the United States. This resolution is in accordance with the recommendations made by Surgeon General Woodworth in his report relative to the cholera epidemic of 1873, published in 1875, and in a paper on the general subject of quarantine, read before the International Medical Congress at Philadelphia in 1876. The action of the convention, and the resolution of the legislature of Kentucky, presented in Congress by Mr. Beck, asking that the Committee on Commerce prepare a bill to render the quarantine system effective, indicate that this subject is now receiving general attention. The value of timely warning as an aid in preventing the introduction of yellow fever, cholera, etc., cannot well be over-estimated, and by the system suggested in the resolution of the quarantine convention at Jacksonville, it could be secured by already existing means, at a trifling expense.

A Medical Reformer in Limbo.

Dr. Sam-Edward McKinley, the great temperance reformer, possessed of the only infallible cure for drunkenness, which he obtained by direct divine inspiration, was last week fined fifty dollars and sentenced to thirty days in the Toronto jail, for practicing as a physician without being registered as such. The trial developed the most obvious attempts at extorting money by this inspired and philanthropic doctor. He was lately a resident of this city, and a long account of his pretended cures appeared in an Ohio medical journal last summer.

Personal.

—Dr. Fleetwood Churchill, the eminent obstetrician, died, February 2, of broncho-pneumonia, in the seventieth year of his age.

QUERIES AND REPLIES.

C. C.—E. A. Parkes' *Practical Hygiene*, $6.50, is the standard English work.

Dr. S. R., of Pa.—Before you could practice at a French watering place, you would have to obtain a permit, through our minister in Paris.

Student.—In no medical school in the world, so far as we know, are the lectures delivered in Latin.

MARRIED.

Hoyt—Cravens.—On the 17th of January, at the residence of the bride's father, Dr. J. T. Cravens, U. S. Indian Agent, Cheyenne Agency, Dakota, Lieut. Ralph W. Hoyt, Eleventh U. S. Infantry, and Miss Minnie E. Cravens.

Huffnagle—Beaumont.—February 14th, by the Rev. W. Dayton Roberts, John Huffnagle, M.D., and Adelaide, daughter of Andrew J. Beaumont, Esq., of New Hope, Bucks county, Pa.

Jerman—Scott.—On January 9th, 1878, at the residence of the bride's mother, by the Rev. H. C. McCook, N. T. Jerman, M.D., of Holmesburg, and Anna T. Scott, of Philadelphia.

Mayo—Lynde.—In Williamston, Vt., February 15th, by Rev. J. P. Demeritt, Dr. W. R. Mayo, of Northfield, and Emma Lynde, youngest daughter of Hon. John Lynde, of Williamstown.

DEATHS.

Clinton.—On Saturday, Feb. 16th, Alexander Clinton, M.D., in the 85th year of his age.

Forman.—At his residence, in Nelson County, Ky., on the 14th of February, 1878, Dr. Geo. W. Forman, aged 57 years, 1 month, and 27 days.

Fuller.—In Concord, N. H., February 10th, George C. Fuller, M.D., aged 37 years, 1 month, and 10 days.

Pratt.—In Media, Delaware county, Pa., on the 19th instant, Ruth S., wife of Trimble Pratt, M.D., aged 31 years.

Schermerhorn.—At his residence, No. 123 West Fifty-third street, New York, on Thursday, Feb. 7th, of pneumonia, John Peter Schermerhorn, M.D., in the 70th year of his age.

Shove.—On Sunday, Feb. 24th, at Katonah, Westchester County, N. Y., Seth Shove, M.D., in the 74th year of his age.

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DEC 27 1878

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Week Ending March 9, 1878.

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THE
MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MULTILOCULAR OVARIAN CYST—REMOVAL.

BY D. J. MERRIMAN, M.D.,
Of Wilmington, Ill.

Mrs. L., aged thirty-two years, married eight years, mother of two children, eldest six and youngest four years of age. Noticed soon after last confinement a small tumor in the left side, which increased slowly in size for some time and then disappeared, followed by an attack of peritonitis. After some months another tumor made its appearance in the same region, and at the time I was called to see the case, April 25th, 1875, it had attained the size of a fetal head at term. I would say, in this connection, that this case has been continually under my care and observation from that date to this. After a thorough examination, I diagnosticated an ovarian tumor; it was freely movable, and slight fluctuation could be felt. I gave her tonics, and occasionally opiates, as the case required. It gradually increased in size until she, at my suggestion, visited Dr. A. W. Heise, of Joliet, Ill., on May 26th, 1876, who concurred with me in my diagnosis, and advised her to let it alone as long as it gave her no great inconvenience. She was able at this time to do her own work.

Some time in January, 1877, she called my attention to a tumor on the right side of her neck. It started from behind the clavicle and extended upward behind the sterno-cleido mastoid muscle, lying upon the sheath of the common carotid. It was about three inches in length, and two in breadth, nodulated and very hard; firmly bound down by the fascia of the neck. There being cancer in the family, her grandmother and one aunt having died of that disease, and another still suffering from it, I was fearful it might be a scirrhous tumor. As it grew rapidly in size I injected into it fifteen minims of fluid extract of ergot, which set up a good deal of inflammation and swelling.

One week afterward I injected it again, and on withdrawing the needle I noticed a little pus. A free incision was then made, which was followed by a large amount of suppuration. The tumor gradually disappeared, leaving a small cicatrix. On the 22d of August, the abdominal tumor having become a burden, and interfering greatly with the vital functions, she visited Dr. Heise again, and while in Joliet had a severe attack of cholera morbus, and did not return for several days. Dr. Heise advised paracentesis, which I accordingly performed on the 28th of August, removing twelve and a half pounds of thick, viscid fluid, heavily loaded with albumen. She gained in flesh and strength rapidly, and could get around with comfort. On the 30th of September, the tumor having refilled, I again drew off the fluid (twenty-one pounds), which gave her great relief.

In the meantime, at the husband's request, together with that of her parents, I concluded to remove the tumor, provided Dr. E. R. Willard, of this place, would assist me. About the 20th of October Dr. Willard visited the patient with me, and after examining the case, kindly consented to assist me. October 25th ordered an infusion of salts and senna, which operated thoroughly. October 26th, 12 M. the patient took one ounce of brandy, and at 1.30, everything being in readiness, the room at or above 80°, the patient was put upon the table, and ether administered by Dr. G. E. Willard, son of Dr. E. R. Willard, who had been invited to be present. As soon as the patient was fully etherized, I commenced the operation by making an incision about four inches in length, through which I introduced my fingers, for the purpose of determining whether any adhesions existed. Not finding any of any account, the incision was extended from the umbilicus to the pubis, then passing my right hand into the peritoneal cavity, sweeping it around the tumor, breaking up all adhesions, I gently lifted the cyst, while my assistant seized it with a pair of strong dressing forceps, drawing it carefully through the opening, sufficiently far to evacuate its contents outside of the peritoneal cavity. As we had not a suitable trocar, this was done with a bistoury, the patient lying partly on her left side, and the fluid conveyed on an oilcloth into a bucket close at hand. As soon as the sac was sufficiently reduced in size, it was turned out of the cavity, the pedicle secured by the application of the clamp, and severed close to the tumor. The cavity was then sponged out with carbolized warm water and the wound closed with silk sutures, taking up only the peritoneum and integument, which was a mistake, as will be seen hereafter. The pedicle was brought out between the second and third sutures from below, and the clamp adjusted crosswise of the incision; a little cotton dipped in carbolated oil was laid over the wound and a thick layer of cotton spread over the whole abdomen, a flannel bandage applied and the patient put to bed. The operation was performed in twenty-five minutes; the tumor and contents weighing thirty pounds.

Thirty minutes after operation her pulse was 86 and temperature 98°; hot bricks were put to her feet, and one-eighth of a grain of morphia given, which was followed by slight nausea, for which small doses of brandy and water were given. 6 P. M. Pulse 88, temperature 99¼°. 9 P. M. Pulse 90, temperature 99½°. Drew off half a pint of urine, of normal color and consistence; ordered beef tea and milk, with a little brandy to be given in alternation through the night. 11.30 P. M. Pulse 90, temperature 99½°.

October 27th, 3.30 A. M. Pulse 90, temperature 100°. Drew off urine and gave one-eighth grain morphia. 8 A. M. Pulse 100, temperature 100°. Continue milk and beef tea; urine drawn every four hours. 12.30 P. M. Pulse 96, temperature 100¼°. 6 P. M. Pulse 100, temperature 100½°.

October 28th, 4 A. M. Pulse 100, temperature 99¾°. Some pain; ordered one-eighth grain of morphia every four hours. 9 A. M. Pulse 100, temperature 99¼°. Some nausea. 12 M. Pulse 106, temperature 99¾°. Has vomited some; five grains citrate of iron and quinia was ordered to be given every six hours, in alternation with the morphia. 6 P. M. Pulse 114, temperature 100½°. Dressed wound with carbolated oil; nausea continuing, ten grains of subnitrate of bismuth was given and repeated in two hours.

October 29th, 1 A. M. Pulse 116, temperature 99¼. Has not tolerated the citrate; ordered it discontinued, and gave hypodermic injection of morphia, one-eighth of a grain. 8. A. M. Pulse 110, temperature 99¼°. Gave an enema of warm carbolated water (water one pint, acid three or four drops); also ordered a two-grain pill of quinia every four hours, and milk and beef tea to be continued. 1 P. M. Pulse 104, temperature 99¾. Gave another injection of morphia. 6 P. M. Pulse 108, temperature 99¼°. Has passed urine during the day in bed-pan. There has been some nausea and hiccough through the day.

October 30th, 8 A. M. Pulse 94, temperature 98¾°; has taken a little solid food; gave another enema of carbolated warm water. 6 P. M. Pulse 96; temperature 100°; stomach irritable; ordered milk and lime water, which was retained; gave an injection of one-eighth grain of morphia.

October 31st, 8 A.M. Pulse 92; temperature 99½°; gave an enema of beef-tea, and continued milk and lime water. Patient did not rest well, and feels anxious and uneasy. 1 P.M. Pulse 95; temperature 99°. 6 P.M. Pulse 105; temperature 99¾°.

November 1st, 8 A.M. Pulse 95; temperature 99¼°. Rested well during the night; ordered beef-tea and milk; no opiate since the 30th. 6 P.M. Pulse 104; temperature 99½.

November 2d, 8 A M. Pulse 103; temperature 98¾°. Rested well; gave an enema of warm water and an ounce of castor oil, which operated in an hour, and gave her great relief; the bowels have not moved since the operation. 6 P.M. Pulse 108; temperature 99°; has taken solid food during the day.

November 3d, 8 A.M. Pulse 97; temperature 98¼°. Rested well, and takes food with relish. 1 P.M. Pulse 100; temperature 99°. Removed sutures. 6 P.M. Pulse 105; temperature 101°.

November 4th, 8 A.M. Pulse 120; temperature 99; 6 P.M. Pulse 125; temperature 101°. Is restless and anxious; takes food sparingly.

November 5th, 8 A.M. Pulse 120; temperature 99°. Did not rest well until toward morning. Removed clamp and one suture that had been overlooked. Pedicle firmly united in the wound, and the incision closed by first intention. 6 P. M. Pulse 120; temperature 99½°. Ordered an enema, which moved the bowels freely, and four grains cinchonidia every four hours.

November 6th, 8 A.M. Pulse 110; temperature 98½°. Rested well during the night; appetite good. 6 P.M. Pulse 104; temperature 99¾. Complained of some smarting after urination; ordered ten grains of bromide potassium every six hours.

November 7th, 8 A.M., pulse 100, temperature 98½°. Bowels moved once, and left some uneasiness: ordered ½ ounce of castor oil, and gave one grain saponaria, which gave her relief. 6 P.M., pulse 105, temperature 98½°.

November 8th, 8 A.M., pulse 110, temperature 99°. Bowels moved once; appetite good; wound healed throughout, except a superficial surface around the end of the pedicle. 6 P.M., pulse 118, temperature 100°.

November 9th, 8 A.M., pulse 125, temperature 99½°. Some pain in bowels; ordered ½ ounce castor oil, which operated about noon. 12 M., pulse 120, temperature 100°. Gave a dose of saponaria, and ordered cinchonidia resumed, as it had been dropped for a day or two. 6 P.M., pulse 124, temperature 99°.

November 10th, 8 A.M., pulse 112, temperature 99°. Rested moderately well. Gave 6 grains cinchonidia this morning, and continued it in 4-grain doses every four hours. 6 P.M., pulse 100, temperature 98½°. Sat up two hours during the day; appetite good.

November 11th, 8 A.M., pulse 102, temperature 99¼°. Patient feels well; appetite good and bowels regular.

November 12th, 8 A.M., pulse 110, temperature 98½°. Sits up three or four hours during the day, and is gaining strength rapidly.

November 15th. Still some rawness around the pedicle, and on close examination I found a deep suture, which I removed. Up to this time she had worn the cotton and bandage, without adhesive straps. At this time there was some bulging along the line of the cicatrix, so I applied some straps across the abdomen, and advised her to wear the cotton and bandage as before.

November 20th. Examined the case and found some rawness along the line of the incision, produced by rolling in the integument as I applied the adhesive straps. I also found that the end of the pedicle had separated from the surrounding tissues nearly down to the peritoneum.

I dressed it with balsam fir every day until it all healed, except around the pedicle, which was only partially healed on January 20th, 1878. At this time I touched it with carbolic acid, which did no good. January 24th, I cut out the end of the pedicle, and dressed the wound with balsam fir, and directed her to keep quiet, but instead of doing so she went visiting. There was quite an amount of inflammation set up, and she was confined to her bed for a number of days. The wound healed up nicely, and at this date she is about the house. There is a point to which I wish to call attention, viz., the method of closing the incision at the time of the operation. I think now, that had hare-lip pins been used, set deep into the tissues, a firmer cicatrix would have been obtained. As it is, she will be obliged to wear an abdominal bandage or supporter as long as she lives, which will not be much of an inconvenience compared with what she has endured.

I am under obligations to Dr. Willard for his assistance and interest in the case, as can well be seen from a partial report of it in the Chicago *Medical Journal and Examiner*, of January, 1878.

RUDIMENTARY STRUCTURES IN THE HUMAN RECTUM. SPIRAL FOLDS AND VALVULAR PROJECTIONS OF ITS MUCOUS MEMBRANE.

BY REUBEN A. VANCE, M. D.,
Of Gallipolis, Ohio.

I desire to call attention to a structure in the terminal portion of the large intestine, *intestinum rectum*, which properly seems to fall in the class of rudiments. I allude to those duplications of the intestinal walls known as the valves of Houston. In 1865, while dissecting in the University of Michigan, I found that in my subject the mucous membrane lining the rectum was thrown into a spiral arrangement, which, commencing on the right side of that organ, at its junction with the sigmoid flexure of the colon, passed downward, backward, and to the left, until the side of the canal opposite the point where the valve commenced was reached. In this situation the duplication was as large as on the right side above, where it commenced. The same was true of a point corresponding with the base of the bladder on the internal aspect of the anterior wall of the viscus. The valve could be traced from this situation, at first downward and backward to the posterior wall of the rectum, and then downward and forward to a point about three-quarters of an inch above the anal orifice, where it seemed to terminate on the left side in one of the columns of Morgagni. The valve gradually enlarged and became more and more prominent as its course from the left side along the posterior wall and around the right side was traced from the column of Morgagni to the base of the bladder. In the latter situation it was more than half an inch broad, and this breadth was preserved along the anterior wall and up the side of the rectum, until it joined the duplication on the left side, with the exception of one point, where, for about an inch and a quarter, the duplication was very narrow indeed, perhaps not exceeding the eighth of an inch in depth. This defective spot in the spiral arrangement of the fold of lining membrane seemed to be situated on the left side, and was immediately in front of the broad and well-marked valve, placed below and on the side opposite to the point where the duplication was first manifested, at the junction of rectum and colon. The duplication of the mucous membrane could be traced from this defective point spirally around the left side and posterior wall of the rectum, to end on the right side at the termination of the colon, where it blended with the lining membrane of the part; between the valves a narrow portion, similar to that between the valve on the left side, and the one opposite the base of the bladder, could be seen on the posterior wall of the intestine. In other words, from one of the columns of Morgagni, on the left side of the terminal portion of the rectum, to a point on the right side of the junction of the colon and rectum, there was a duplication of the lining membrane of the latter organ—a duplication varying in width but always persisting—which pursued a spiral course, and made one and a half circuits of the intestine. The free edge of this spiral duplication of the lining membrane of the rectum was directed inward; the thickness as well as the width of the valves varied in different situations. The structure was thickest and firmest where the fold was widest; this was especially so at its commencement, superiorly, on the right side, opposite the base of the bladder on the anterior wall, and at a point midway between the two, on the left side; while between these points of greatest development (particularly on each side of the one located on the left wall of the rectum) were the situations where the duplications were least marked. It is to be regretted that this specimen was removed from the body, and its relations with neighboring parts broken up, before the peculiar character of its lining membrane was observed.

During the past twelve years I have made critical examinations of the rectum in thirty-four cases. In other instances I have either seen the rectum after it has been removed, or have examined it on the cadaver without taking it out. But in the thirty-four cases alluded to I have examined it, so far as possible, in its natural situation, and then taken it out and subjected it to a thorough investigation. In five cases the appearances have resembled those just described, and in seven there were separate projections meriting the name of valves. In all thirteen cases—for the case detailed at length is included—there were duplications of the mucous membrane on the anterior wall, opposite the base of the bladder, and at the junction of the colon and rectum on the right side of the intestine, while in twelve of the cases the valve on the left wall, above the base of the bladder, was also distinctly marked. In three of the seven cases in which the valves were separate, there was a valve about an inch above the anus on the left side; and in each of these cases the valves at the base of the bladder, the left wall of the rectum, and on the right side at the junction of colon and rectum, were well developed. In one of the remaining four cases of this group there were but two valves; one at the base of the bladder, and the other at the commencement of the rectum on the right side; while in the other three, the separate projections were located at the base of the bladder, the superior extremity of the rectum on the right side, and on the left side between these points at the usual place. In six cases there were duplications of the lining of the intestine opposite the base of the bladder, on the left side of the rectum above, and on the right side of the upper extremity of that organ, and these duplications were connected together by narrower and thinner, yet equally well-marked, folds of mucous membrane. In twenty-one cases there were neither folds nor valves.

The first anatomist in modern times to describe these structures with anything like exactness was the late Mr. John Houston, of Dublin, who, in 1830, published a paper in the fifth volume of the Dublin Hospital Reports, entitled "Observations on the Mucous Membrane of the Rectum," in which he called attention to them. In this communication Mr. Houston stated that the tube of the rectum does not form one smooth, uninterrupted passage, but on the contrary, it is made uneven in several places by valvular projections of its mucous membrane extending across its canal. Physiologically he considered the valvular projections necessary to support the weight of fecal matter, and prevent its urging towards the anus and exciting a sensation demanding its discharge; pathologically he believed they explained the resistance given to the introduction of bougies; that their arrangement indicated the necessity of employing a spiral-shaped, instead of a straight bougie; that they were often mistaken for stricture, and by leading to the passage of improperly-shaped bougies had frequently brought on the very malady intended to be removed. I can find no evidence that Mr. Houston was aware of the fact that these valvular projections are occasionally connected together by narrower and thinner duplications of the mucous membrane, thereby converting these folds into a spiral membrane circling round the inner wall of the rectum.

The late Dr. George Bushe, of New York, whose excellent treatise on diseases of the rectum still ranks among the leading works on that subject, was led, by Mr. Houston's paper, to re-investigate the anatomy of the rectal mucous membrane. A series of careful examinations led him to declare, most unhesitatingly, that the folds to be observed in that structure were accidental; that the tissues were lax and naturally doubled up, but that the duplications thus formed were in no sense valves; and that, so far as the performance of the physiological functions ascribed to them by Mr. Houston was concerned, that observer was in error. The same conclusion, practically, was reached by Dr. Bodenhamer, in his work on "The Physical Exploration of the Rectum." Both observers acknowledge the presence on the rectal walls of loose folds of their lining membrane, but both hold them to be accidental in origin, variable in situation, and of no physiological or pathological importance. Neither Syme, Quain, Ashton, Lee, Curling, Smith, Van Buren, Allingham, nor any other writers on diseases of the rectum, make allusion to these structures. The text books on anatomy, however—particularly Gray and Wilson—quote the researches of Mr. Houston with approval, and speak of the valves he describes as if one or more of them were constantly present. Yet I can find no record anywhere, of the fact that the lining membrane of the rectum may be thrown into a continuous spiral fold, such as was the case with the rectum I have described at length, and such as existed to a greater or less degree in five other specimens to which I have alluded.

In view of the foregoing facts, is it not reasonable to suppose that both spiral folds and independent valves exist in the human rectum as rudiments, and that, when present in that organ, they must be looked upon as illustrations of the law of reversion?

CLINICAL REMARKS ON INCARCERATION OF THE EPIGLOTTIS, AS A LITTLE-KNOWN FACTOR IN THE MECHANISM OF SUFFOCATION IN FATAL CASES OF SPASM OF THE LARYNX (LARYNGISMUS STRIDULUS) IN CHILDREN.

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the Throat, etc., in Jefferson Medical College; Physician to the Jefferson Medical College Hospital, and to the German Hospital of Philadelphia.

The purpose of this communication is to direct attention to a mechanical factor in infantile spasm of the larynx, which was the immediate cause of death in two cases under my care, and which I am inclined to believe may have been the cause of death in other cases.

In the summer of 1867 I had under professional care a scrofulous male infant, between two and three years of age, with protracted laryngismus stridulus; the suffocative paroxysms, as described by the mother, being unusually intense. On one occasion an intense paroxysm occurred in my presence, and as it failed to yield to cold water dashed upon the face and neck, or to ammonia held in front of the nostrils, I plunged my forefinger deep into the child's throat and felt the epiglottis so forcibly drawn down by the spasmodic action of the aryteno-epiglottic muscles that its free edge had become wedged between the posterior face of the larynx and the wall of the pharynx, occluding the larynx completely. Carrying the finger to the left side of the larynx I found it comparatively easy to free the epiglottis from its incarcerated position; and with the ensuing deep inspiration of air, the impending asphyxia was averted. The nature of the difficulty was explained to the mother, who was instructed in the manipulation necessary to overcome it. The constitutional remedies and other measures instituted in the hope of subduing the disposition to spasm were unavailing; and the child finally died, some weeks later, in a paroxysm similar to the one described.

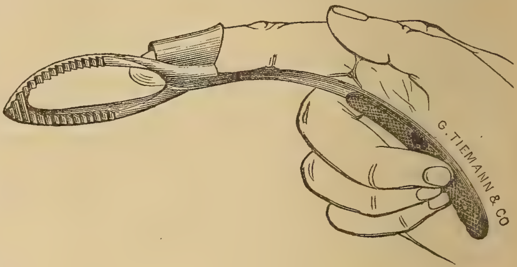
The second case occurred during the spring of 1877, in a scrofulous male infant, nineteen months of age. I had the opportunity of verifying the same sort of incarceration of the epiglottis from spasmodic action, on several occasions, one of which was in the presence of an esteemed colleague during a consultation held as to the propriety of performing tracheotomy, in view of the frequent recurrence of the paroxysms. Unfortunately it was determined to defer the decision for twenty-four hours, in order to test the efficacy of large doses of bromide of potassium; and shortly before the early hour fixed for the visit on the following morning, the child died in a paroxysm which the mother was unable to overcome by manipulation, although she had previously succeeded in elevating the epiglottis in several paroxysms.

I am inclined to believe, therefore, that the spasm of laryngismus affects the aryteno-epiglottic muscles, in some instances at least, as well as those muscles which close the glottis; and that the incarceration of the epiglottis, continuing after relaxation of the spasm, may be an immediate cause of death. In undoubted cases of this kind, tracheotomy may be absolutely indicated, as necessary to avert asphyxia in a recurring paroxysm of spasm.

AN IMPROVED ENUCLEATOR.

BY H. C. YARROW, M.D.,
Of Washington, D. C.

Doubtless many physicians, in endeavoring to remove small inter-cervical uterine fibroids by enucleation, have felt the desirability of having a longer index finger, and perhaps a longer and firmer nail; and as such a want has occasionally been noticed by the writer, especially with regard to a recent case seen in consultation with a medical friend, the idea suggested itself to him to devise an instrument which should, as far as possible, fulfill both indications. He is unwilling to claim any great degree of originality in its construction, as it is more or less a modification of Dr. T. Gaillard Thomas' "serrated scoop," which has been so successfully used by that distinguished gynæcologist. From the accompanying wood-cut it will be seen that the enucleator consists substantially of three parts, and the manner of fitting it to the hand and finger is well depicted. The first part is an oval, spoon-shaped fenestrated scoop, with serrations on the edge and face; the second part is a collar or band of flexible steel, with a slit in its posterior surface to fit on the finger, and a curved handle of steel partly faced with wood, which passes down the palmar surface of the forefinger, and is held in the hollow of the palm by the middle, ring and little fingers. This handle gives a support to the scoop part of the instrument, and reinforces the index finger, so that almost any degree of reasonable force may be applied; it also prevents the slit in the finger collar from opening when pressure is made, which would seriously interfere with the proper application of the instrument. When little force is to be employed, the handle may be detached from the scoop proper, as it unscrews at a point a little behind the lower border of the finger collar. In using this enucleator, it is really surprising how readily structures and growths



may be tactually appreciated, as the impulse arising from contact with them is transmitted to the pulp of the finger through the limbs of the scoop almost as well as by the direct touch. Although this instrument was originally designed for a special purpose, it may perhaps be put to other uses, as, for instance, to remove the ovum in cases of miscarriage. It may be added that Messrs. G. Tiemann & Co. manufacture and furnish this enucleator, and those constructed for the writer are beautiful specimens of the cutler's art.

VESICO-VAGINAL FISTULA AND RUPTURED PERINEUM IN THE SAME INDIVIDUAL.

BY GEORGE W. HALDEMAN, M.D.,
Of Paola, Kansas.

Mrs. Y., aged about 30 years, resident of a distant part of our county, called on me some time in January, 1876, for "repairs." Found her anæmic, nervous, dyspeptic, and complaining of some urinary difficulty; and learned, also, that this condition of her health had its origin about the time or soon after her first confinement, nine or ten years ago. The labor, it seems, was very protracted, and was finally terminated by the use of the forceps; she had a slow "getting-up," and hadn't felt "right" since. Having learned this much, and made a hasty examination, I naturally concluded that the symptoms indicated a tonic-alterative course of treatment; whereupon quinine, iron, strychnia etc., were prescribed, dismissing her with the request that she would return in the course of a month.

On or about the latter part of February following she returned, as requested, and reported herself as feeling stronger, but remarked, with considerable emphasis, that her "urinary and womb trouble" was about the same. I concluded, therefore, to make a more careful and thorough investigation, to which she assented. Placing her in the horizontal position, the existence of a ruptured perineum was readily ascertained, and to account for the constant dribbling of urine, not only the "touch," but a catheter and good light were brought into requisition, which led to the discovery of a vesico-vaginal fistula!

With this revelation of the state of affairs, I could not be mistaken as to what must be done to afford relief and perform a cure. I explained the necessary operations in all their details, assuring her that little or no danger attended them, and that success was the rule, and failure the exception, since the discovery made by the immortal Sims. I told her also, that there were men in different portions of our country who made a speciality of operations for the cure of these and like disabilities, and suggested that she had better place herself under the care of one of these. To this she objected, but stated that she would be willing to submit to the needful treatment by me. At first I hesitated, but after a little time for consideration, consented to try it, promising to do the best I could.

Accordingly, having perfected arrangements and secured rooms for my patient in this city, the 9th of May, 1876, was fixed as the time for the operation for the cure of the *fistula*. The patient having undergone a course of preparation, ended by a thorough evacuation of the bowels, she was in fair condition for the operation, and the subsequent close confinement in bed. The operation, in the main, was done according to the plan of procedure recommended by Professor Sims, and was not attended by any difficulty worth mentioning. A Sims' catheter, with a rubber tube attached, was introduced and kept in place until after the removal of the sutures, they being removed, cleansed, and re-introduced every twelve hours, to prevent clogging. Sufficient opiates were given to splint the bowels and prevent evacuations of their contents until after the fourteenth day, when the sutures were removed, and the edges of the gap were found to be united firmly throughout.

Taking two months' time for recuperation and preparation, the operation for the closure of the perineum was done on the 8th of July. Having carefully denuded the opposing surfaces, they were brought together and held in contact by the introduction of the quilled suture, and the edges of the skin held in apposition by the use of the silver-wire suture. The former was removed on the fourth and the latter on the tenth day after the operation. The result of the operation was all that could be desired; in due time the union was complete and the cure perfect. Of course, the urine was removed at regular intervals, and the bowels kept locked the usual length of time.

In conclusion, I desire your readers to understand that I am not reporting these operations to boast of the results, or because of anything novel in the methods of procedure, but simply to place on record the fact, that there does exist at least one case of the dual character aforementioned. I say "one case;" because, when I came to examine the subject, and to prepare myself for the operation, I failed, in the writings of Thomas, Byford, Agnew, Pancoast, and Gross, to which I had access, to find a parallel case. Having some doubt as to which of the disabilities should be first relieved, I especially sought for information on this point, but failed to get it from the sources mentioned. I then addressed letters to two of these authorities, giving a statement of the quandary I was in, and asking for information, which was promptly given, but which was well calculated to render "confusion worse confounded;" one saying "operate on the perineum first, and, after a reasonable time, on the fistula;" the other recommending the "closure of the fistula first and afterwards the perineum." I chose to adopt the suggestion of the latter, because it accorded with my own preconceived ideas of what would be the better course to pursue. Certainly, the condition of the perineum in this case made the fistula more accessible, and rendered the operation for its cure less difficult.

I have another reason, which I wish to state, for reporting this, to me, interesting case, and that is that others, who like myself do not claim to be anything more than ordinary backwoods, cross-road practitioners, may become possessed of a sufficient quantity of nerve, grit, gumption, or whatever else it may be termed, to take hold of and perform many more of the delicate operations in surgery to which their attention is frequently called, whenever the opportunity is afforded, instead of sending them away from home, where they are liable to fall into the hands of an ignorant pretender or unscrupulous specialist, who is more likely to fleece and swindle than to cure his confiding victim. The benefit resulting from this course, I need hardly say, would be twofold; our patients would save money, if nothing more, and besides have the comforts of home and the care of relatives and friends; we ourselves would be stimulated "to pick our flints and keep our powder dry" for any emergency, and have satisfaction in seeing "the work of the Lord prosper in our own hands," and besides, keep a little more of the "dust" nearer home, where it would do the most good, a *desideratum* not to be despised. Finally, I have only to mention that I was kindly and ably assisted in both these operations, by Drs. Wren, Johnson and Hoover, of this city.

THE PREVENTIVE TREATMENT OF PUERPERAL FEVER.

BY S. E. ROBINSON, M. D.,
Of West Union, Iowa.

In No. 20, Vol. xxxvii, MEDICAL AND SURGICAL REPORTER, I find a notice, under "Periscope," of "Local and Preventive Treatment of Puerperal Fever," from Dr. Fritsch. I have for some time been surprised to see little under that head in our medical periodicals. We should have had many articles from the pens of the best men in the profession, calling attention to the prophylaxis in this serious disease.

A few years since, in the discussion of a paper on puerperal fever, presented to the Iowa State Medical Society, Professor Cleaver, of Keokuk, remarked, that he could say very little as to the best methods of treatment in this disease, for the reason that he had not seen a case in his own practice for a number of years, or at least, not when his directions had been followed in the treatment of the post-partum period. I was surprised, I may say astonished, to hear that from a man of his standing and extensive practice in midwifery; for, practicing as I do, in a small town, with decidedly healthful surroundings, and doing a not remarkably large obstetric business, I was in the habit of seeing several cases annually, and I was confident that I used at least ordinary care and skill in the management of my patients.

Dr. Cleaver went on to say that he uniformly directed a copious vaginal injection of carbolized water, two, three or four times a day, for several days following delivery, and that in *no* case where his directions were obeyed had he seen a case of puerperal fever.

I may not have reported here just the doctor's language, but have given the substance of his remark. I do not remember just how he prepared the fluid for injection, just the quantity of carbolic acid to the pint of water (he never used less than a pint at each operation, I think), but ever since I got the idea from him, I have used it in practice, with *perfect* success, as have several of my professional neighbors and friends, and I do not doubt many others are doing the same elsewhere.

Professor Cleaver believed the disease was occasioned almost entirely by the resorption of septic matter from the decomposition of retained material in the vagina. Blood and shreds of membrane retained in the uterus would be more likely to be expelled or drain into the vagina, than they would to escape from the vagina before decomposition and leave it free and clean; consequently the thorough washing of the vaginal mucous membrane, with plenty of warm water, is the thing of greatest importance. Then, to provide against a possible want of thoroughness in the operation, it is well to add the, or a, disinfectant. My practice is to prescribe equal parts of carbolic acid and glycerine mixed (the acid is more readily and perfectly soluble in water if at first dissolved by glycerine); of this I direct a teaspoonful to each pint of warm water, or Castile soap and water, to be used as a vaginal douche, or injection, not less than a pint to be used at each operation, and to be repeated, in ordinary cases, three times a day, for the first two or three days, then twice daily for three or four days longer. I seldom find a patient who is not quite willing to follow instructions in this matter, the comfort and relief from "after pains" being sufficient inducement, even though there be no reason to fear any fever or other complications.

In cases where the labor has been tedious, or where turning, forceps, or any operation has been performed, I direct that the injection be repeated for the first three days every four or six hours, using sufficient quantity that it shall flow from the vagina free from any stain of blood, clear. Should the lochia be suppressed I still advise the copious injection; this, however, seldom occurs, though the nurse may not discover much flow, for reason of the discharge being carried away by the douche. In a few cases that had no tediousness or complication, I have directed simply Castile soap and water, and with good results.

In a few cases, the family having no convenience for using the vaginal wash, have neglected it after being advised to procure syringe, etc. I may say a Mattison, Davidson, or any syringe capable of giving a continuous stream or using a quantity of fluid without repeated introductions, and a tin wash dish, is all that is *necessary*, though a bed pan is quite a convenience. Then, sometimes, I am called two or three days after delivery to find my patient has had chill, followed by fever, abdominal tenderness, arrest of the lochial discharge, and all the symptoms of the beginning of puerperal fever. My treatment then is, to insist upon the immediate use of the vaginal douche; sometimes direct a saline cathartic, and if there be any reason to suspect malarial complications, give a few doses of quinine, and if there be no malaria, the quinine does no harm; it stimulates more perfect and rapid involution, adds to the nervous force of the patient, and in that way helps to eliminate, if it does not neutralize, poison in the blood.

I can now say, with Professor Cleaver, that "I have not had a case of puerperal fever for several years." I have not used the precaution advised by Dr. Fritsch, of disinfecting the hands, but I approach my cases always, I think, with clean hands, and should not object to the use of disinfectants, brushed around and under the nails, but have not found it necessary.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DA COSTA, FEB. 23d, 1878.

STENOGRAPHICALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER,

BY FRANK WOODBURY, M.D.

Hypodermic Injections of Iron in Anæmia.

GENTLEMEN:—The young woman now coming into the room, whom you have seen before, is a most marked case of anæmia, which we are treating by hypodermic injections of dialysed iron. Her name is Ann L.; she is 21 years of age, single and a domestic; admitted January 29th, 1878. Her father died with a chronic lung affection, and her mother was said to have had apoplexy. She told us on entering the ward that she had never been robust, although she never had any serious illness, and, in answer to our inquiries, particularly informed us that she had never had rheumatism or intermittent fever, and never was troubled with cough. Last spring her heart began to trouble her, and she suffered from palpitation and shortness of breath. About Christmas time these symptoms were aggravated and her feet began to swell; she had headache, frequent micturition, and amenorrhœa, and notwithstanding the fact that she had good food, took iron, and was well cared for, her blood became more and more impoverished.

She was before you two weeks ago to-day, in a wretched state of health, anæmic to an extreme degree; with murmurs in the vessels of the neck and in the heart; without appetite, weak and pallid; she had not menstruated for three months. It was evident that she needed iron, but we found on several trials of the ordinary chalybeate preparations that they produced disturbance in the stomach and bowels. I then decided upon introducing iron into the system by a method adapted to insure its entrance into the blood in the most perfect and speedy manner. We commenced this treatment by throwing under the skin of the upper extremities fifteen minims of the ordinary solution of dialysed iron, but this daily dose was soon increased to thirty minims, without the slightest bad effect, local or general. The punctures have produced neither inflammation nor discoloration. In fact, she has grown so accustomed to the hypodermic needle that she makes no complaint whatever of its introduction. No disturbance of digestion has occurred, even in the slightest degree, in our patient, by this method of administration of the remedy; on the contrary her appetite has steadily improved.

A more marked evidence of real benefit, even than her improved appearance, is given by the fact that while she has been under this treatment she has menstruated during this last week, and she now wishes to leave the hospital and return home. I do not say that she is no longer anæmic, but, although she is still pale, there is evidence of a very much better condition of the blood. Another striking demonstration of her improvement is this: that the marked venous hum, which, when she was last in this room, was remarked to be so loud as to be almost heard before I placed the stethoscope over the vessels of her neck, has now nearly vanished; I do not say that it does not exist at all, but that it is much fainter and less distinct than before. She says that she feels well; her appetite is good; the bowels are regular; she has no headache; and does not suffer in the least from the secondary disturbances of the remedy. Now, since the case has reached this point of almost entire recovery, the question arises, whether to continue this treatment, or to give her the iron through the stomach, since her digestion is now so good? Under present circumstances I think it will be well to order her twenty drops of the tincture of iron three times a day. I do this, because I believe that she is almost well, and because she is going out of the hospital, and it will be necessary to give her treatment that she can carry on herself. I would not have you understand me to say that we might not have been able to obtain these beneficial results from the internal administration of iron, had her stomach always been in a condition to allow its introduction in this way. And, looking beyond the present illustration, we know that there are many cases in which we wish to give this remedy, but where it causes those secondary effects of iron on feeble digestion, with disturbance of stomach and constipation, to such a degree as to absolutely prohibit its use; cases, perhaps, of anæmia, following exhausting hemorrhages, post-partum, traumatic, or in the hemorrhagic diathesis. In such patients the hypodermic method will yield all the advantages, without the disadvantages. Nor is it necessary to restrict ourselves to one method of administration, because in certain cases, where it is essential to have a rapid and positive influence on the blood, we can give small doses by the mouth at the same time that we give the bulk of the remedy by the skin.

Having learned by this case the practicability and advantages of this method of giving iron, we are led to consider it in especial connection with the subject of gastric ulcer, and of pernicious anæmia and pseudo-leucæmia. In mentioning the effect of iron upon these maladies, we recall the fact that hitherto it has not been very favorably noticed in this connection, chiefly, perhaps, because of the great disturbance of digestion caused by the iron, and also on account of the imperfect absorption and defective assimilation that attends these disorders. We may, however, introduce it directly into the circulation through the absorbents, by injecting this preparation under the skin, and I think with prospects of a better result than by any other method of administration.

Let me state that, for years, I have tried to use iron hypodermically, to obtain its constitutional effects in instances in which it was desirable to introduce it rapidly into the system, or in which the state of the digestion made it a remedy badly tolerated when given by the mouth. But using various salts, among them the soluble potassio-tartrate and ammonio-citrate, I found them often occasioning so much irritation that they had to be abandoned. Dialysed iron, if pure, promises well. It is, of course, essential that it should not contain acid; indeed, solution of dialysed iron for hypodermic use should be neutral in reaction. It is perfectly clear, of a deep wine or garnet color, by transmitted light, and is not astringent to the taste. The standard solution of Graham contains 24 grains of solid matter to the ounce; it is free from hydrochloric acid, and the proportion of the ferric chloride to the ferric oxide should not be greater than 1 to 27.*

[The following note was made of her condition when she left the hospital, February 28th, 1878: "The venous hum has sensibly declined; it is very faint; the throbbing of the carotids and of the jugular veins is less marked. Her color is coming back; the lips and cheeks are more natural." She had also become constipated, which was not the case while taking the hypodermics of iron.]

Exophthalmic Goitre—Its Pathology and Treatment.

The last case that I will have an opportunity of considering this morning, is that of a woman, fifty-five years of age, a widow, who, although strong-looking and of good physique, as you will see, has been out of health for several years. I find, on consulting the records, that she was first admitted into this hospital in 1866, suffering with exophthalmic goitre, and was discharged, markedly improved, in eleven weeks. Several years after she again applied for admission, and was again relieved by treatment. In 1874 she was here for a severe cough. Two years later we find that she again entered the ward with a severe attack of acute bronchitis, when evidence of great improvement in the goitre and exophthalmos was observed. This is her fifth admission, although not always for the original complaint; I refer to them, however, for the purpose of showing you what an opportunity has been furnished here for following out this case for twelve years, and of tracing the course of this disease. The last time that she left the hospital was in 1876. She was then comparatively free from palpitation of the heart, and fullness of the neck; the prominence of the eyeballs was not marked, and her bronchitis was relieved.

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* The solution of dialysed iron used in this experiment was manufactured by John Wyeth & Bro., which fully meets the requirements indicated.

When she applied for admission this time, this good record of the preceding year was not sustained by her condition in regard to the prominence of the eyes and thyroid gland. When she asked for treatment now, it was not for bronchitis, but for the goitre. The gland was again swelling, the palpitations had returned, and the eyes were again protruding.

Since the fifteenth of this month she has taken a drachm of the infusion of digitalis three times a day. Since admission she had been taking eight grains of quinine daily as a tonic. She has also had some muriate of ammonia, for a slight amount of bronchitis, which has now entirely disappeared.

I bring this case before you this morning, in order to make in your presence a careful examination into the present condition. In the first place, you observe that she has prominent eyeballs; you see a fullness in the front of the neck, but it is far from being so marked as it was, having very much decreased in the last two weeks. Now, as regards the condition of the heart. It is beating frequently, 100 times in the minute. Of course, I do not lay much stress upon this fact, as she is now under the influence of the excitement of being in your presence, but at other times I have observed this acceleration, although it is usually a little less while in the ward. The impulse of the heart is excessive, and I find upon auscultation, what has been also recorded in the notes of previous examinations, that there is some dilated hypertrophy. I said that the action was excessive, but I ought rather to say that the impulse is more extended and diffused than strong. There is an increased area of cardiac percussion dullness extending under left breast, and the apex beat is felt in two intercostal spaces, and is not in proportion with the size of the organ. There is a murmur, which is heard more distinctly at the left of the sternum, disappearing toward the apex; it is systolic in time, and not very loud. Is this a sign of valvular disease? I think not. It is, I believe, a functional murmur, favored by the condition of the blood. My opinion that it is not organic is based upon this point—it is not harsh, and it is accompanied by an anæmic murmur in the carotids, not propagated from the heart nor caused by pressure from the goitre.

I bring this case before you to exhibit these interesting features. There is no question as to the diagnosis; the prominence in the neck, the protruding eyes, the heart trouble, the duration of the disease, all point to exophthalmic goitre.

One interesting question that is raised by this case, is regarding the curability of the disease. I remember seeing this patient in my previous terms of service in this hospital, and I have observed the prompt amelioration of the symptoms under treatment. Indeed, the signs have even now sensibly decreased since her admission. In reviewing the clinical history, we find evidence rather of a succession of attacks of the disease than of its steady progress. Notwithstanding the apparent hypertrophy of the heart, you will observe that I have given her digitalis, and I have seen very good effects from its use in just such cases as these. In cardiac hypertrophy, however, digitalis is contra-indicated, unless the amount of hypertrophy of the heart is not very great. In these cases I have given aconite, but think that where it is admissible digitalis gives the best results. It does do good, and I should be induced to give it unless there was a disproportionate amount of hypertrophy, and only slight dilatation.

This is largely a nervous disorder, and it is due to the direct, or rather indirect, action, through the nerves that control the heart, that this palpitation and disorder of circulation is manifested. I have found that iron, also, is of great good in these cases, and we are now giving her pyrophosphate of iron in gentian mixture; and, as she is improving, the treatment shall be continued.

Use of the Actual Cautery in Sciatica.

We learn from *The Lancet* that M. Michel Peter, of La Pitié, prefers the employment of the actual cautery to any other means of treating sciatica. A case is related in which, wet cupping having afforded but slight relief, a number of superficial cauterizations were made by an olive-headed cautery along the course of the sciatic nerve and its divisions, from the trochanteric region to the outer malleolus. About twelve of these cauterizations were made. M. Peter considers this treatment preferable to blistering, because of being enabled by it to follow the whole course of the nerve, whilst it does not produce suppuration or lead to any vesical trouble. It may also be repeated, if necessary, with impunity.

EDITORIAL DEPARTMENT.

PERISCOPE.

Dr. Gruber's New Method of Dilating the Eustachian Tube.

Dr. Gruber describes his modification of Politzer's method, in a recent issue of the *Lancet*, as follows:—

As has been already said, in order to obtain an effective separation between the upper and lower parts of the pharynx, the muscles of the soft palate must be brought into play at the same moment that the Eustachian tube is opened. All this is obtained by the simple pressure of the root of the tongue upon the hinder part of the palate, if a strong expiration is made at the same moment. If one presses the posterior part of the tongue against the palate, the cavity of the mouth is shut off from the throat, and the soft palate is pressed upward and backward. The air, which passes in expiration into the throat, has no escape either through the mouth or through the nose, of which fact one can easily convince himself by holding the hand, or a small flame, in front of the nose. The latter is not moved, and the hand is not conscious of the least breeze during the expiration, as would be the case did the air escape from the nose. The stronger the expiration at this moment, the more tense will be the soft palate, by the pressure of the escaping air, and the more effective the closure of the upper pharynx. This moment, as regards the arrangement of the pharyngeal parts, is the most favorable for giving the maximum degree of pressure to the pent-up air, by emptying the Politzer ball into the nose by the nozzle introduced as usual.

Had we always quite docile patients before us, we should certainly make use of this method; as this is not the case, we must be content with such movements as come nearest to that above described. The result of the investigations which I have made in my own mouth, and in those of patients, is that we obtain the result when the consonants "h," "k," "k," are sounded together in the most sudden manner. In such a mode of operation, much depends upon the patient's powers of comprehension, and it is often easier for the surgeon to direct the patient to repeat some complete syllable, as it will demand less explanation to make them use a vowel between the consonants, as "hack," "heck," "hick," "hock," "huck." Let any one utter the indicated syllables in succession, as they are written down, and he will find that the tongue is pushed further backward, and more firmly upward, the further we proceed in the succession of syllables, so that with the syllable "hack," the tongue is placed most forward, and with the syllable "huck" is pushed back to the furthest degree, and against the parts above; and in this way the upper pharynx is narrowed, and effectually closed. The backward and upward pressure is stronger, and the closure more effectual when the combination of consonants "hck" is uttered without the vowel. We have also in the scale of wordt a means of measuring, a kind of guage of, ths closure of the upper pharynx, which is mose useful, as will be seen. As the learned reader has already observed, the syllables are always written "ck," which I will explain by saying that the strong final sound falls upon "k." In proportion as the patient exerts himself to strengthen the sound of this final "k," so will it be possible to perfectly close the upper pharynx. Let us now try to utter one of these syllables, and we shall observe peculiar changes or effects in the ear; each time we find a motion in the tympanum, and not unfrequently a noise similar to that experienced in the Valsalva experiment; and the experimenter must thus cause the air to pass through the tube into the tympanic cavity.

The treatment which I now, supported by the facts given above, recommend for cases alluded to in the preliminary remarks is as follows:—The operator stands or sits, as is most convenient for him, in front of the patient, and the end of the nozzle of the syringe (the ball of which is held in one of the operator's hands) is passed to the depth of one-third of an inch into the nasal opening. The operator then, with the thumb and first finger of the other hand, closes the opening around the syringe nozzle most carefully, and, while the patient utters one of the prescribed syllables ("hack," "heck," "hick," "hock," "huck," "hck"), the ball is compressed, and the air flows with a clearly perceptible noise through the tubes into the tympanic cavity.

The Treatment of Acne.

Dr. Robert Levering says, in the *Lancet*:—

The foundation of all successful treatment depends on the promotion of a healthy action of the sebaceous glands, and the consequent prevention of comedones; therefore, all very soothing remedies, while they produce a temporary relief to the inflammatory symptoms, do not strike at the root of the malady. The basis of all treatment should be vigorous rubbing with soap and flannel, for friction with soap, more than anything else, prevents the formation of comedones, and consequently of the acne pimple. The following plan of treatment succeeds in a large number of cases: (1) The face should be steamed every night by holding it over a basin of hot water for a few minutes. (2) The skin should then be well rubbed for five or ten minutes with soap and flannel, or a soft nail brush may be used with advantage when the skin will bear it; the soap should then be sponged off with warm water. (3) When the face has been dried, a lotion, composed of half an ounce of precipitated sulphur, two drachms of glycerine, one ounce of spirits of wine, three ounces each of lime water and rose water, should be thoroughly applied and allowed to dry, and remain on all night. If the skin is greasy the addition of some ether to the lotion is an advantage. Sometimes an ointment is more effective than a lotion; in that case one drachm and a half of hypochloride of sulphur, ten grains of carbonate of potash, ten drops of oil of bitter almonds, and an ounce of lard may be used; or three drachms of sulphur ointment and five drachms of vaseline will be found to be a very useful unguent. Whatever is used should be allowed to remain on all night, and washed off in the morning with warm oatmeal and water, or weak gruel. If the skin becomes very tender under this treatment, it may be discontinued for one or two nights and then resumed. The most common cause of failure is want of perseverance or timidity on the part of the patient or doctor, for a temporary increase in the redness and irritability of the skin often prevents the continuance of the most efficacious remedies.

Treatment of Epilepsy.

In a lecture on this subject, quoted in the London *Medical Times and Gazette*, Professor Hardy, of Paris, observed that whatever remedy may be resorted to for this purpose, there is a precept which must never be lost sight of—viz:, that when once commenced the treatment must be, so to say, chronic—that is, continued for months or years. It may, indeed, be interrupted from time to time without inconvenience; but after a suspension of a fortnight, a month, or longer, it must be resumed, under the penalty of losing any advantages that have been already gained. Speaking of the belladonna treatment, conducted in the mode recommended by Trousseau, he says that he has met with two cases among those in which he employed it, in which he believes its success was quite complete. He thinks atropia should only very rarely be substituted for it, owing to the danger of poisonous accidents, resulting from irregular apportioning of the dose. Bromide of potassium, however, he observes, is almost the only medicinal substance employed at the present time; and from its use we may hope to obtain a cure when the disease is not very old, and if the paroxysms are not very frequent. He has himself met with several cases in which such cure can quite legitimately be said to have occurred. Like all the other remedies, it must be given in increasing doses (from two to three, four, six, and even eight grammes per diem), and must be continued for a long time—two or three years. This substance has, however, the inconvenience of inducing a certain amount of intellectual paresis, and especially a slight loss of memory. It also frequently gives rise to irritation of the skin; and Professor Hardy has often been called to cases of obstinate eczema, which only disappeared on the suspension of the bromide. These eruptions are so persistent that by this character alone he has sometimes, in spite of the denial of their relatives, been able to state that children were taking the bromide for epilepsy.

Calomel as a Vermifuge.

Dr. E. F. Walker gives the following case and remarks, in the New York *Medical Journal*:

On October 12, 1877, a child, Mary H., three years old, was brought to the class with the following history: The mother has noticed for the past four weeks a leucorrhœa, which has become very profuse, and emits a very offensive odor. The girl is also fretful, and complains of pain in the bowels; she sleeps badly, and has lost her usual regular habit of daily evacuation from the bowels. She complains of soreness about the vulva, and great itching, which has caused her to scratch the parts until they are red and sore. On making an examination, I found the genitals much swollen and very sensitive. The clothing was covered with the vaginal discharge, which was muco-purulent and exceedingly offensive. Separating the labia, the mucous membrane was very much inflamed; but it was impossible to examine the vagina, owing to the child's youth. I then inquired carefully as to her habits, to learn if the vaginitis was not a result of masturbation; but the mother assured me she had been carefully watched, and that such was not the case. I therefore decided that the trouble was owing to intestinal worms, and ordered her to take two drachms of the fluid extract of spigelia and sumac on an empty stomach, and repeat it for four mornings consecutively. On the next visit it was said that two or three pin-worms had been vomited, but that the discharge was no better, and, indeed, was more profuse. I ordered, for an injection to the vagina, ten grains each of borax and chlorate of potash to an ounce of water, and gave her also a dose of santonine. Three days later no improvement had taken place, and I decided to administer ten grains of calomel in a single dose, followed by castor oil. Two days later the mother reported that the powder and oil caused the child to pass "a ball of little worms," and that the discharge was much better. Still there was considerable soreness about the parts, and I ordered the oxide of zinc to be dusted over the surface, and also to be combined with water and thrown up into the vagina.

Subsequently I saw the child, and then she complained of the discharge from the rectum, and said that it was tinged with blood. This, however, at the present writing (November 25th), is rapidly disappearing. I find that, among dispensary patients suffering from these intestinal worms, large doses of calomel seem to give better results than any of the ordinary drugs; and I have made it almost a rule, when satisfied that the worms occupy the canal, to give one large dose of calomel. The treatment has been pretty uniformly successful.

Chronic Diarrhœa of the Aged.

In a late number of the *Gazette des Hôpitaux*, Dr. Potain states that the diarrhœa of the aged has been separately described, with its anatomical changes, such as thickening and other alterations of the mucous membrane. In such cases there is little disturbance of the digestion, and no pain in the abdomen, and that even when deep ulceration of the intestines has been found after death. The patients become pale and bloated (*bouffis*); their skin becomes thin; they waste away, and fall into a state of complete apathy—the diarrhœa much resembling, therefore, in this form, that of pellagra. There is nothing special here in the etiology, and all that can be said is, that old age constitutes an extreme predisposition to entero-colitis. In the patient under notice, no other reason than his age can be assigned; yet not his age calculated on the number of years, for these are only sixty-two, but the age he presents in his condition of anticipated senility. It has, indeed, been said long since, with reason, that we are of the age of our arteries; and this man has aged arteries, for they are atheromatous, and, moreover, he exhibits all the attributes of senility. In such cases the prognosis is always a most serious one, and, according to M. Durand-Fardel, the disease is incurable when it has lasted for some weeks. This opinion is certainly exaggerated, but it is a fact that a cure is extremely difficult, because in aged persons we can produce no action on the skin and kidneys which will balance the intestinal function. In this patient, although in his case there was no history of prior marsh-poisoning, quinine has been given with great advantage. It would seem, therefore, that besides its anti-periodic power, the sulphate of quinine, by the property which it possesses of inducing contraction of the capillaries, may diminish the vascularity of the intestines, and modify their secretions.

On "Black Small Pox."

Dr. Collie recently presented an interesting paper to the London Epidemiological Society. After giving details of two cases of hemorrhagic small-pox, one following an attack of scarlet fever, the other an attack of enteric fever, in both of which death took place suddenly and without any warning, he went on to show how closely such cases resembled the accounts of the "black death" of the middle ages, as given by Vinario and others. To his mind there was no doubt but that black small-pox and black death were identical; and he further thought that black small-pox formed the chief part of the plague of Athens, so graphically described by Thucydides. In recent as well as in the present epidemic, there had been a large and increasing proportion of black cases, and should vaccination be neglected, Dr. Collie thought that small-pox might possibly assume its middle-age virulence. He stated that black small-pox occurs invariably in unvaccinated persons, or in persons who have not been revaccinated after fifteen. He then gave the history of a case of what appeared to be, from the eruption, mild small-pox. The patient, aged twenty-one, had two good vaccination marks. Death occurred an hour after admission. The post-mortem examination showed that the anterior part of the corpus striatum and the whole of the right hemisphere were ploughed up with blood. So far as he knew this was the first case of the kind on record. Then followed a case of confluent small-pox, with extensive hemorrhage into the vesicles, in a female aged sixty, with no evidence of vaccination, in which, contrary to expectation, recovery took place. With regard to compulsory vaccination laws, he thought that compulsory laws which are practically not compulsory were ridiculous, and that, as regards vaccination, such laws served to retard rather than to advance its progress. Dr. Collie concluded by saying that no vaccination can be held efficient which did not include revaccination about puberty, and that vaccination should be the business of the State, and be performed by specially trained State officers, private practitioners, except in exceptional circumstances, being interdicted from vaccinating.

On the Elimination of Mercury.

Dr. E. W. Hamburger, of Franzensbad, sums up a paper in the *Prager Medicin. Wochenschrift*, 1877, quoted in the London *Medical Record*, with the following conclusions:—

1. Mercury can be distinctly found in the urine of patients who have been treated with mercurial suppositories for some time. In one case, in which the treatment had been commenced four days previously, mercury was not found in the urine. Mercury is always present in the urine of patients who have been treated by inunction.
2. In patients treated with suppositories, mercury was always found in the milk as well as the urine. In cases of inunction, although mercury was present in the urine, none could be found in the milk; and, when mercurial inunction was substituted for suppositories, the mercury disappeared from the milk, although it continued to be present in the urine.
3. The fæces of a patient who was treated by inunction contained a large amount of mercury. Dr. Hamburger concludes, hence, that the elimination of mercury takes place chiefly by the bile.

The chemical process used consisted in the removal of organic matters, the application of electrolysis, and the formation of iodide of mercury, the crystals of which were readily recognizable under the microscope.

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THE CAPTURE OF THE MEDICAL OUTPOSTS BY THE LADIES.

One of the more remarkable events in the medical history of the past year has been the steady advance in medical science and practice by the fair sex. The examinations which they have passed in Paris, Switzerland, and several of the English schools, are spoken of as fully as severe as those of their male associates, and as a rule, even better withstood. The Boylston prize essay in this country was given to a woman, although the sex of the author was necessarily unknown to the critics who awarded the prize. In fact, it looks as if the male sex had better look to its laurels, or they may find themselves shelved some fine day, and recommended to stick to avocations requiring less brain power and energy than those for which nature has fitted the fairer half of the species.

Nowhere has this conquest been more apparent than on the conservative soil of our mother country. Women can now obtain a full medical education in England, and can obtain a registrable diploma in Great Britain, entitling them to practice the medical profession. Mr. Russell Gurney's Act of 1876, permitting any licensing body to admit to examination for its degrees or diplomas any persons, without regard to sex, was, early last year, accepted and acted on by the King and Queen's College of Physicians in Ireland, and several female candidates have since passed the examination of that body. The Senate of the University of London also decided to admit women to examination for its medical degrees, though difficulties have as yet prevented that decision from being carried into effect. There remained for a time the obstacle that female medical students could not anywhere in Great Britain or Ireland obtain the hospital practice required by our licensing bodies. This last remaining difficulty also has been overcome. The Royal Free Hospital has been affiliated to the London School of Medicine for Women as a clinical school for female students; and at the beginning of the present winter session its wards were formally opened to the students of the School of Medicine for Women, with the object of providing them with the necessary hospital practice and clinical instruction. Women have thus, with great energy and perseverance, triumphed over all the difficulties that beset their determination to enter and practice the medical profession.

As we have the fullest kind of confidence that the influence of intelligent and pure women is always and everywhere for good, we contemplate with satisfaction these measures, and trust that no country will be churlish and short-sighted enough to oppose such measures.

NOTES AND COMMENTS.

Lectures to Practitioners.

The physician obliged, as most are, to practice his profession in small towns and rural districts cannot help getting "rusty" as time progresses, and very many often wish they could spare the time to attend another course of lectures. This, however, requires near half a year, a period too lengthy to be absent from practice.

To meet their requirements, a very excellent arrangement has been in progress in Berlin for two years. The professors of the University deliver a series of lectures, of four to six weeks' duration, addressed to practitioners of some years' standing, and with a special bearing on new remedies, instruments, diagnostic points and medical discoveries. As the details necessary for students are omitted, a vast amount of information is condensed in these short courses, and just in the form which the general practitioner desires.

We earnestly commend this example to the consideration of the teachers of this and other centres of medical instruction in the United States. Surely, such a course would be warmly welcomed and largely attended.

The Persian Insect Powder Flower.

A writer in the London *Chemist and Druggist* observes that several species of *Pyrethrum* are grown in parts of Europe—*P. carneum*, *roseum*, etc.—for their flowers, which are very obnoxious to insects, are sold, when powdered, under the name of Persian or Caucasian insect powder. In 1870 these flowers were exported from Ragusa to the value of £1104. That from the Caucasus is the best. The amount of this powder consumed annually in Russia is said to be about 500 tons. A quantity of these plants grown upon 18 square rods is estimated to furnish nearly one hundredweight of powder, which is best preserved in closed vessels of glass. As generally sold, the powder is very much adulterated and worthless, often mixed with sumach. A good insect powder ought to stupefy a fly in one minute if four grains are sprinkled on it in a vial, and death should ensue in two or three minutes. Some of the commercial insect powders, however, require fifteen to thirty minutes to kill a fly.

The pyrethrum flourishes very well in the open air, in the Middle States of this country. The editor of this journal raised two beds of the *P. roseum* last summer. They flowered in August. No doubt they could be cultivated successfully for their commercial value.

The Hypodermic Use of Iron.

This important method of using iron is well illustrated in the clinic of Professor Da Costa, in the present number. Those who employ it in this manner, to be sure of satisfactory results, must see to it that the solution used is perfectly dialysed and absolutely neutral. Some preparations have been found to be acid, others to contain ammonia, etc. The strength of the iron should be not less than twenty-four grains to the ounce. That used by Dr. DaCosta was manufactured by John Wyeth & Bro., of this city, and it was of the desired strength and quality.

Treatment of Cancer by Artificial Anæmia.

The *Gazette Hebdomadaire*, of February 15th, states that Professor Bouchut has laid a proposition before the Académie des Sciences, with the following object: "By preventing the arrival of blood in cancer of the breast, we may suspend nutrition and prevent its development, so as to produce a cure. This is what is called *ischœmia*, which may be secured by permanent compression effected by means of vulcanized caoutchouc. Permanent ischæmia of the breast induces the gradual atrophy of this gland; and applied for the treatment of cancer or adenoma of the breast it may suspend the capillary circulation of these morbid productions, so as to lead to their atrophy. The best means of producing this ischæmia is the permanent application of a compressing cuirass of vulcanized caoutchouc, lined with several thicknesses of wadding."

This suggestion is by no means new. The same object has been sought by ligating the arteries to the gland, by pressure in various forms, etc. (See John Hughes Bennett's Work on Cancer, quoted in Naphey's *Surgical Therapeutics*, p. 447.)

Errors in Latinity.

An esteemed correspondent writes us, calling attention to the frequent errors in Latin phrases used by physicians. The subject has been so often urged in these columns, that it seems hardly necessary to publish his criticisms at length, but his closing advice is so much to the point that we give it in full:—

"That one can be a useful medical man, without being a latinist, is not questioned; and it would seem to admit of just as little doubt that, writing to enlighten his fellows, he should confine himself to his mother tongue; we would say in all cases, but certainly, at least, when he knows no other."

The Compensation of Physicians.

A very well known and highly respected physician of this State writes us:—

Many thanks for your excellent article on "the Rate of Compensation of Physicians." This subject has often been before my mind, and I have felt that I ought to say something in the REPORTER about it. It has always seemed to me a most dishonorable thing, to extort from those who have confided in our honor. What would some of those extortioners say to a patient who, before entering on the treatment, should inquire what his charges for every visit would be? Instead of doing *that*, our patients confide in our honor; and we should be ashamed to extort from them. There is in our profession, now, an exhibition of great *greed*—nor is it exhibited alone in high and extortionate charges. It is seen in the refusal to go to the patient at all, until he has been reproached and humiliated and made to promise speedy payment, when, to do so would be an impossibility, in these times of no work. I have seen some accursed doings. The idea is abroad, that "the doctors are a set of grabbers." There is no nobler profession; every day pours its blessing on the head of the "true physician," blessing sweetened by the consciousness that it comes from his own labor.

CORRESPONDENCE.

Tearless Lunatics?

ED. MED. AND SURG. REPORTER:—

The experience of Dr. Kunst, of the West Virginia Insane Asylum, is not exceptional, when he says that the insane *do* weep. So must every man say who knows anything about the insane. And it is, to say the least, surprising that the *British Medical Journal* should give credence and space to such a blundering statement as that lunatics never weep.

I have served in two private asylums where the elite insane do congregate, and I have seen dozens of them cry and shed tears. Indeed, I cannot recollect any class of them that does not weep. Blanford says one-fifth of all the insane registered in private asylums in England are paretics. I have seen paretics weep freely. So have I seen those afflicted with what is generally called emotional insanity weep; those also with intellectual insanity; and so homicides and suicides, and those afflicted with all manner of delusions; so in the melancholic, menstrual, and epileptic. It occurred more frequently in some of these than in others; but as that is not the question, I drop it. Yet the insane weep far less than the sane would under like circumstances. Some *classes* of them weep very rarely, and some *individuals* never. An epileptic lady now in my care did not drop a single tear over the loss, by death, of her son and husband; she has not wept in twenty years. As in the sane, those who weep seem benefited by it; and who has not heard some of them wish they could weep? Yet it does not mean the same thing in the sane that it does in the insane—that is, it is not accompanied by the same amount of keen, deep feeling, nor does it produce the same relative feeling of relief.

General sensation is variably, but greatly, diminished in all lunatics; else, whence the pleasure of pricking their flesh with pins and needles? a common practice; or, of introducing a large tumbler into the rectum? as occurred recently in a Philadelphia asylum; or, of introducing over one hundred pieces of glass into the flesh of the arm, as recently occurred in a New York asylum? As is the bodily, so also is what might be called mental, feeling benumbed in the insane; they do not feel, or fully appreciate, their lost estate (how fortunate that it is so!), for while this moment they "*must go home*," next moment they are in a rollicking laugh, enjoying, in fancy, sights that it has not entered the heart of the sane man to conceive, which his "eye hath not seen, nor ear heard."

Therefore, to sum up, it is true, as this unknown writer says, that a gush of tears—or, as he says, the nearest approach to it—sometimes precedes recovery; but, *per contra*, it also occurs, as before stated, in general paralysis of the insane; and who ever saw its subjects recover? Whether the forced suppression of deep feeling, of grief or sorrow, by voluntary effort (a question practical and apropos to the now, I trust, exploded one of tears amid lunatics), tends to a fatal result, I now submit to those with some knowledge on the subject. Scott (Antiquary, vol. II, chap. 7) makes one say: "Heaven only knows whether the suppression of maternal sorrow which her pride commanded might not have some effect in hastening her own death. It was at least generally supposed that the apoplectic stroke which so soon afterward terminated her existence was, as it were, the vengeance of outraged nature for the restraint to which her feelings had been subjected." T. J. Hutton, M. D.

Brigham Hall, Canandaigua, N. Y., Feb. 27th, 1878.

Sexual Exhaustion.

Ed. Med. and Surg. Reporter:—

The Medical and Surgical Reporter for December 22d, 1877, by chance, came to my notice, containing, among other good things, the valuable lecture of Dr. H. C. Wood, on the above subject. In this, page 482, occurs this passage: "As sleeping on the back provokes emissions (why, I do not exactly know), he must always sleep on his side," etc.

Allow me to offer an explanation, one that may or may not, have occurred to your readers, which, if it does not enable them to "exactly know"—positively, is as correct as any pathological condition undemonstrable by chemical or microscopical investigation can be known.

It is well known that emissions are provoked by lying on feathers, more than any other material. Now a person afflicted with spermatorrhœa in any form lies on his back on feathers. These being a non-conductor of heat, the warmth of the body generates an electrical stimulus in the spinal nerves leading to the upper extremity of the medulla oblongata—the seat of sexual impulse—produces the seminal aura resulting in an orgasm and consequent loss of fluids. This is almost inevitably the case. All thinking and observing physicians, I think, will agree that the organs of sexual sense are located in, or near the medulla; and they likewise know that heat will produce bodily electricity, and that the effect of this stimulus would be the seminal aura stated. Sleeping on the side, of course, prevents this. So, sleeping on hard, cooling beds likewise destroys this tendency. In cases of extreme sensibility, lying on the face will produce emissions, by irritation of the glans, if erection is caused by distended bladder or other cause. Lascivious dreams are the more frequent accompaniment of the latter.

Spermatorrhœa is, as Dr. Wood remarks, rare in its severest form. Yet there is great need of caution to the young, for the practice of masturbation, whenever carried beyond moderate limits, is productive of serious injury. There is much that does not come to the knowledge of the physician till health is greatly impaired, from the reluctance to seek counsel and advice till necessity compels. And yet, I doubt not but that, in the far greater number of instances, more injury is done by marital excess than self-gratification, unless the habit be acquired before puberty, or unusually frequently indulged in. Sleeping on hard beds, with no more clothing than absolutely required, with plenty of exercise and avoidance of all excitement of the sexual organs, is generally sufficient for milder forms. Confirmed cases require immediate and judicious treatment. I. Herbert Newton, M.D.

Leicester, Vt.

Phonation in Tracheotomized Subjects, Without Occlusion of the Tracheotomy Tube.

Ed. Med. and Surg. Reporter:—

In the Reporter of this date there is reported a clinic held by me last winter, in Jefferson Medical College, in which I exhibited a tracheotomized patient who could speak loudly without occluding his tracheotomy tube.

Curiously enough, a second case has occurred under my care, in a man upon whom Dr. S. W. Gross performed (in the hospital) a temporary tracheotomy, on account of tumors in the larynx; and from whom, after destruction of the most superficial growths through the mouth, I finally removed a pedunculated polyp through the tracheotomy wound, leaving the parts clear above and below the glottis. On the 6th instant, during a surgical clinic held by Dr. John H. Brinton, being about to remove the tube permanently, the patient was exhibited to the class for the purpose of letting them see daily the process of unaided nature in closing a tracheotomy wound; and before removing the tube I took the opportunity of demonstrating that this man, too, could speak loudly enough to be heard all over the lecture room, without occluding his tube. J. Solis Cohen, M.D.

1431 *Walnut St., Phila., March 9th,* 1878.

Sulphas Americanæ Australis.

Ed. Med. and Surg. Reporter:—

In the March number of the *American Journal of Pharmacy*, under the heading of a "Curious Synonym for Quinia," the following remarks are made:—

"Recently we were shown a prescription in which the first article ordered was—

"℞. Sulphatis Americanæ Australis, gr.xxiv.

"This South American sulphate was interpreted to mean quinia sulphate, the former term having been probably selected by the physician because, from a fancied idiosyncrasy or dreaded ill-effects, the patient was imagined to be unable or refused to take quinia;" and, as the writer of the present article happens to be the physician referred to, he rises to explain:—

Beginning practice in 1862, in one of the most malarious districts of the Middle States, I experimented largely, for years, with most of the known antiperiodics. After a faithful experience, I always have, and now do, unhesitatingly select quinia as the best of them all, whether considered therapeutically or economically. From my earliest professional days, however, I have (as doubtless most practitioners likewise), encountered a deep, constantly met with, and causeless prejudice to the use of the preparation of Peruvian bark in question. With the view, then, of nullifying, as far as possible, the annoyance resulting from such prejudice, I early adopted, as a synonym for quinia, the caption of this article, "Sulphas Americanæ Australis," and by having it understood by the druggists of my neighborhood, have not only succeeded in puzzling such of my patients as insist on reading my prescriptions, but have also secured to them the beneficent results accruing from the taking of this most valuable "South American sulphate."

Whether the general adoption of some such synonym is expedient or necessary at present, is respectfully submitted. Of one fact, however, the writer is certain; it has done good service in many cases, for him.

I. Gilbert Young, M. D.,
1000 *Shackamaxon St.*, *Philadelphia.*

Chronic Splenitis Successfully Treated with the Polymnia Uvedalia.

Ed. Med. and Surg. Reporter:—

The success attending the treatment of malarial diseases, especially where the spleen is involved, sometimes exceeds the comprehension of some of the most learned in the medical profession. A case recently treated with the Bearsfoot, I thought would prove interesting to the readers of the Reporter. Some three weeks ago I was consulted by Newton M., aged twenty-five, who complained of pain in the region and over the seat of the spleen, and upon examination, I found tenderness, with marked enlargement of the organ. Upon questioning him, he gave a history of a series of attacks of intermittent fever about a year previous to consulting me. Thinking this would be a good case to test the merits of the Bearsfoot, I accordingly prepared an ointment, after the following formula—

℞. Fl. ext. polymnia uvedalia, ʒij
Adeps, ℥j. M.

and directed that it should be applied twice daily. I also gave, as an internal medicine—

℞. Wine of pepsin, ℥iij
Mur. acid, ʒss
Syr. simp., ℥j. M.

Sig.—Teaspoonful after meals.

One week later my patient returned, saying that his side was much better, and that the pain had changed. He, moreover, complained of headache, for which I gave small doses of morph. sulph., and advised the continued use of the uvedalia ung., as I was anxious to know something of the result of the vaunted cures by the uvedalia, and in less than a week he again returned, saying that the pain and soreness had entirely disappeared. It has now been over a week since he has felt anything of the pain. From the limited experience I have had with polymnia uvedalia in the form of an ointment for chronic rheumatism, it has given very good satisfaction. It relieves the pain incident to that disease, and gives better use to the joints than any application in the form of an ointment that I have used.

J. Q A. Clowes, M.D.
Shiloh, Ohio, March 4th, 1878.

News and Miscellany.

Pension Office Business.

An official report to Congress states that at the beginning of the present month the number of calls for proofs on pending cases in the Surgeon General's Office amounted to 18,500. At the end of the last fiscal year the reported cases for that year amounted to 14,700. The number of cases in arrears in the Pension Office amounts to 60,000, in addition to the 18,500 already called. In the Surgeon General's Office there are 16,000 folio volumes of hospital records. Only about 500,000 cases have been indexed, and it is estimated that but one-fifth of the work required is completed. It will require twenty-five clerks for two years to complete the indexing.

Increase of Myopia.

The English journal, *Nature*, says—"The alarming rapidity with which short-sightedness is increasing among German students formed the subject of a recent debate in the Prussian Parliament. From extended observations made in the gymnasia, it appears that the number of the short-sighted increases from 23 per cent. in the first year to 75 per cent. in the ninth or last year. The too frequent custom in Germany, of forcing the lads to study during the evenings, with insufficient light, in ill-ventilated rooms, is undoubtedly a main cause of this widespread evil."

Progress of Cremation.

Mr. W. Eassie, of London, in a recent lecture, informed his audience that during last year sixteen cremations had taken place in the Milan district alone, with the full sanction of the Italian Government, and they were attended by the municipal and sanitary authorities. In France, Holland, Austria, and Russia, and in some parts of Germany, Government sanction had been applied for, and only some formalities were delaying the necessary authority. Switzerland had already legalized it, and, in proof of the antiquity of the custom, Mr. Eassie stated that the rite of cremation was still practiced by the aboriginal Indians. More singular still, it appears that about the year 1844 the sanction of the authorities of the City of London was obtained for the cremation, within the City of London gasworks, of the dead of Bridewell Hospital; an arrangement was also concluded with the City authorities for the cremation of bodies of dead prisoners, and of the condemned meat and offal of the markets. The project, however, met with so much opposition from certain churchmen that it fell into abeyance.

Longevity of Quakers.

According to an official statement, the number of deaths among the Quakers in Great Britain and Ireland during the last year was 308—125 males and 183 females. There are 14,500 Quakers in Great Britain, and 3000 in Ireland. The mortality, consequently, bears a very favorable contrast to that of the population generally. There were only nineteen deaths of children under one year, and but forty-nine under twenty years of age. It may here be remarked that the regulations of the Society respecting the registering of children provide that none shall be considered as members unless both parents are in membership at the time of birth. This is frequently not the case, and a large number of children of Quakers are thus not included in the statistical tables. To this fact may partly be attributed the general idea of the small number of births in the community. Many of these children are received into membership as they grow up, but others, of course, die, and the number of deaths of children thus seems below what it really is. Out of the total 308 deaths, the largest number in any one decade of life was in that which included those aged between seventy and eighty, and the next (fifty-five) those who died between eighty and ninety years of age. Eight died aged between ninety and one hundred. The average life of Quakers in the last year was, therefore, over fifty-eight years.

A Delicate Medical Question.

A letter from Paris recites this event: A young widow, whose aged husband had died, becomingly appeared two months afterward at the Paris Mairie, to announce her forthcoming marriage to her cousin. "Pardon me, madam," observed the clerk, "but the law peremptorily forbids a woman to marry within ten months of her husband's death." "Yes, truly," replied she; "but are not those eight months of paralysis to be taken into consideration?"

—It is a curious fact that by the English law every dog is allowed his "first bite," or, in other words, that to sustain an action against the owner of a dog for having been bitten by it, it is necessary to prove that the dog is a habitual biter, and that he has bitten a person previous to the one bringing the action.

—Five leading physicians in Montreal have died within a few months past.

Items.

—An application has been recently made to the Lord Mayor of London, by a Paris Society founded for promoting the use of horseflesh as an article of food, for authority to open in London an establishment for the preparation and sale of this meat. They point out that horseflesh will be an important addition to our food resources, especially to those of the poor, whose means will not allow them to entertain senseless prejudices against the new item of food; and they state that horses past working are sold at higher prices to the butchers than to slaughterers, and that the animals are treated with the greatest care, it being to the butcher's interest to have them well nourished.

—We find the following passage in the speech of an Elko (Nevada) lawyer to a jury:—"Here we have a physician, a man who, from his high and noble calling, should be regarded as one who would scorn to stain his soul with perjury. But what did he testify, gentlemen? I put the question to him plainly, 'Where was this man stabbed?' And what was his reply? Unblushingly he replied that the man was stabbed about an inch to the left of the median line, and yet we have proved, by three unimpeachable witnesses, that he was stabbed just below the Young America hoisting works."

—According to Dr. Bertherand, there are one hundred and sixty-six centenarians in Algeria, thus proportioned: eighty-eight individuals 100 years old, one of 101, seven of 102, nine of 103, fifteen of 104, six of 105, six of 106, five of 107, one of 108, three of 109, eight of 110, two of 111, two of 112, one of 113, two of 114, four of 115, one of 117, and one of 118 years.

—The general introductory lecture at the opening of the auxiliary department of medicine of the University of Pennsylvania was delivered March 11th, by Dr. J. G. Richardson. His subject was "Medical Skepticism and Medical Superstition."

—Dr. Cornelius Boyle, of Washington, died March 11, aged sixty-one years. He was a native of that city, and resided there all his life, with the exception of the time he was in the Confederate service.

QUERIES AND REPLIES.

MR. EDITOR:—I have a very serious case of dysmenorrhœa, followed by suppression for the last two months. Is there any new and improved treatment your readers can suggest a trial of. It is a young lady. LONG ISLAND.

DEATHS.

FLETCHER.—After a protracted illness of six months, at his residence, in Chambersburg, O. D. R. Fletcher, M.D., aged 46 years.

ROBERTS.—In New Hope, on March 7, 1878, Mary S., wife of Judson Roberts, and youngest daughter of the late Charles Fronefield, of Philadelphia.

SHAFFER.—On the 11th instant, in this city, Martha Potts, wife of Charles Shaffer, M D.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION**, CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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PARIS, 1867. Prize Medal. **1868.** Silver Medal. **1872.** Gold Medal. **1873, VIENNA.** Medal of Merit.

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NEW YORK.

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Much attention has been given to this subject in Europe and India.

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CINCHO-QUININE

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3d, It is *less costly;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO,
Feb. 1, 1875.
"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
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TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.
"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.
"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.
"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.
"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.
"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.
"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.
"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.
"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.
"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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Smithsonian Institute

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REMITTANCES RECEIVED.

Week Ending March 16, 1878.

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ORIGINAL DEPARTMENT.

LECTURE.

THE CLINICAL APPLIANCES FOR THE INVESTIGATION AND TREATMENT OF DISEASES OF THE NERVOUS SYSTEM.

BY CHARLES K. MILLS, M.D.,
Neurologist to the Philadelphia Hospital.

Reported by Geo. S. Hull, M.D., Resident Physician.

Gentlemen:—Before taking up special diseases of the nervous system, I will call your attention briefly to the instruments used in their study and treatment. As electro-medical and Swedish movement apparatus are of sufficient importance to merit detailed attention, I will postpone their consideration to other lectures.

Both for diagnostic and prognostic purposes, as well as for therapeutical reasons, it is often necessary to study the condition of cutaneous and muscular sensation in patients suffering from nervous diseases. This can, of course, be done roughly, by tickling, pinching, pricking, pressure, contact of hot and cold bodies, and analogous methods; but for exact and satisfactory determinations, we have several instruments at command. The chief of these, one form of which I show you, is the Æsthesiometer, or measurer of sensibility. This consists simply of a pair of compasses, to one arm of which a brass arc or bar having on it a scale, is attached. This arc or cross-piece passes over to the other arm, and serves to indicate the distance apart of the points of the dividers.

The working of the instrument depends on the fact that in health we are able to distinguish two impressions made simultaneously on the skin only when these impressions are separated by certain distances, varying for different regions of the body. Tables have been published, showing the least normal distances at which two points can be distinguished. One of these, from "Müller's Physiology," is given in the introduction to Dr. Hammond's "Treatise on Nervous Diseases." Thus the interval for the dorsum of the foot, near the toes, is eighteen lines. I have here a well marked case of locomotor ataxia, with decided loss of sensation. On testing him with the æsthesiometer, you observe that he is unable to separate the points at a distance of several inches. He cannot tell you positively whether he has been touched by one or two points. In using this instrument, you must attend carefully to several matters of practical importance. The patient should be made to close his eyes, or to look away from your hand, while the tests are being tried. You must apply the two points simultaneously upon the skin. If the impressions are made one after the other, instead of both at the same time, the value of the test is, of course, destroyed. The patient must be directed to speak at once, as soon as the point or points, are felt. If he stops to think about the matter, his answers become worthless. It is a question of instant recognition, and not of reasoning.

Cutaneous and muscular sensibility can both be determined by means of electricity. The electro-sensibility of the skin is best made out by faradization with the metallic brush; but to bring out the condition of sensation in the muscles, wet rheophores are preferable. Two parts of the body can be compared, or the application can be made to two individuals.

Leyden, as mentioned by Erb, has devised a peculiar method of testing electro-sensibility by faradic currents. He uses a pair of tactile compasses, connected with a faradic apparatus, to determine the minimum strength of current required to produce an electrical sensation. At the same time provision is made for reading off the distance separating the coils of the induction apparatus, thus rendering it possible for a comparative numerical estimate to be formed.

The strength or motor power of patients, particularly as shown in the grip, is sometimes tested by means of the Dynamometer, or measurer of power. The most common form of this instrument consists, as you see, of an elliptical steel spring attached to a semi-circular scale, around which an indicator is free to move. This is connected, by cog-work, with a steel arm, the lower end of which touches the spring when the index points to zero, one end of the scale being marked zero and the other 100. The one hundred degrees represent about the distance to which the grip of a vigorous adult can drive the indicator. To use the instrument it is grasped as firmly as possible by the hand, and the two sides of the spring are pressed together steadily. The indicator remains at the point to which it has been forced by the muscular strength of the patient. The left hand can be compared with the right, or the grip of a sick with that of a healthy man. I place the instrument, for instance, first in one and then in the other hand of this patient, who has partially recovered from an attack of left hemiplegia. With his right hand, employing all the force possible, he moves the indicator to 90° on the scale, while with the left he can only urge it to 40°. With the dynamometer we can determine from day to day whether any improvement is taking place in such a case.

A Dynamograph, or instrument for writing down the muscular strength of an individual, can be made by attaching to the dynamometer a toggle joint which moves a steel rod carrying a pencil. As the sides of the spring are approximated, the pencil traces a line on a paper which is carried forward on a plate by a sphygmograph movement.

Thermometers are instruments of value to the neurologist. It is not my intention, however, to-day, to speak of the various uses of the general or axillary thermometer in special affections of the nervous system, such as meningitis—simple, tubercular, or epidemic, spinal injuries, insanity, and malarial neuroses. I wish, rather, to direct your attention to the *Surface Thermometer*, an instrument for determining local temperature, which is often a matter of much interest, and not rarely of practical importance, in the diagnosis and treatment of nervous diseases. The surface thermometer can, for instance, be used with advantage in infantile paralysis, in some local palsies, in hemiplegias and paraplegias, and the like. In certain cerebral disorders it will sometimes show a higher temperature on one side of the head than on the other. In local spasmodic affections and neuralgias, it may also indicate delicate thermal changes. It may likewise be brought into service for other diseases than those of the nervous system; and in surgery, ophthalmology, dermatology, etc., it has its uses; but I am concerned at present only with its employment in neurology. We owe it chiefly to Seguin, who, ten or twelve years ago, urged upon the profession the necessity of an instrument of this kind. Its bulb is flat, so that it will rest steadily upon any part of the body. It is carefully graduated, and very sensitive to heat.

As we have no "norme," or normal temperature, for surfaces, we make our observations by comparison of diseased with healthy parts. If we have only one thermometer, we place the instrument first over the affected muscle or organ, and then over an analogous or corresponding healthy region, noting the differences of temperature. Generally two or more surface thermometers are employed at the same time. Having two exactly alike, when you wish to make observations, you first warm them to three or four degrees below the healthy standard, and then apply them perpendicularly, and without marked pressure, to the skin. The places of application will depend upon the nature of the disorder. If you are dealing with a local paralysis of the face, arm, or leg, one instrument can be applied to the surface over the muscles affected, while the other is held to a corresponding point on the healthy side. The two temperatures are noted and compared.

Seguin's advice is to leave the two thermometers three minutes *in situ*, and read, then two minutes more, to make sure that you have attained the pathological difference between two points whose physiological temperature is alike. The axillary temperature may at the same time be determined, in order to ascertain the constitutional derangement brought about by the local process.

Instead of the mercurial surface thermometers of Seguin and others, the thermo-electric pile may be usefully adapted to the purposes of local thermometry. Delicate and accurate determination of temperature can be made by apparatus of this kind, with great facility and rapidity. Becquerel's Disks, which consist of pieces of copper and bismuth soldered together and connected with a galvanometer, are sometimes used. In the New York *Medical Journal* for June, 1867, Professor Lombard, of Harvard University, published some interesting "Experiments on the relation of heat to mental work," which are highly suggestive in regard to the employment of thermo-electric instruments, in the study of the brain and its disorders. He placed a thermo-electric pile, which was connected with a galvanometer, on various parts of the head, and observed the results produced on the needle by different mental operations. Most striking effects, for instance, were caused by reading aloud or reciting poetry. Rises and falls of temperature took place during exercises which called forth different powers of the mind. In some cases the temperature of the front of the head fell while that of the back rose.

In the *British Medical Journal*, for 1875, a Thermo-electric Differential Calorimeter, which can be made of considerable service to the neurologist, is described by Dr. Lombard. Two thermo-electric piles—one for a sound and the other for a diseased part—are connected with a galvanometer. The direction in which the needle of the galvanometer deflects indicates which of the two parts, on which the piles are placed, has the higher temperature.

The Cautery Iron is an instrument whose value in the treatment of certain nervous disorders, such as epilepsy, local spasm, neuralgias, spinal irritation and beginning paraplegias, is every day becoming more and more fully recognized. Brown-Sequard has done much to make this method of treatment popular. The instrument generally used is made of iron, terminating in a button, shaped like the blunt end of an olive. It is a matter of some practical value for it to have a long shank, so that the heating may be done at an ordinary stove or furnace, without burning the wooden handle, or causing discomfort to the operator. Usually small charcoal furnaces are employed. It should be heated to whiteness and passed rapidly over the skin. This procedure is comparatively painless, and does not cause a slough. Instruments with platinum tips have recently come into use. Being small, they can be heated by a Bunsen burner, or alcohol blast lamp. An objection to the iron instrument is that scales form, by oxidation, and these may fall off and injure the patient. This, however, is not likely to happen. Instead of either the iron or platinum-tipped instrument, a heated glass rod may be employed, as recommended by Dr. William H. Thompson, of New York. This is certainly the most convenient appliance.

In an article by Allan McLane Hamilton, M. D., on "The Use of Revulsives in Diseases of the Nervous System," published in the Philadelphia *Medical Times* for September 4, 1875, is described an ingenious instrument for the alternate application of dry heat and dry cold, a most valuable form of revulsion in spinal irritation and other nervous maladies. It consists of two chambers of brass, three inches in diameter by one and a half inches deep. These have screw plugs inserted, so that they may be removed and the chambers filled, one with cold water and salt, the other with hot water. These chambers are fixed on a rod and separated by an insulating or non-conducting substance. The rod terminates in a handle. The flat surface, covered by thin flannel, is placed against the bare back, on either side of the spinous processes of the vertebræ, and the instrument is passed up and down quite rapidly. As the heated surface moves instantaneously to where the cold one was an instant before, the effect is quite marked.

Beside the appliances to which I have now called your attention at some length, a few others of more or less value are sometimes employed in the investigation and treatment of nervous diseases, but to these I will only have time to briefly allude. The Cephalohæmometer is an instrument devised by Dr. S. Weir Mitchell, and primarily intended for experiments on lower animals; but it has been used by Hammond and others to determine the condition of the circulation in the vessels of the brain. It may be brought into service in cases which have been trephined. As described by Hammond, it consists, first, of a metallic tube, which is fitted into the opening in the skull. Into the upper end of this tube is secured another, of brass or iron, the lower opening of which is closed by thin india-rubber, and the upper by a brass cap, into which is fastened a glass tube. This inner arrangement contains colored water, and as the thin india-rubber is made to press on the dura mater, the column of liquid will rise or fall in the tube according to the amount of blood in the brain. An ophthalmoscope is, of course, a necessity to the scientific neurologist. The instruments of Loring and of Knapp are among the best. The microscope should often be called into service; and with it an instrument known as Duchenne's trocar may be found useful. This is a contrivance for removing small pieces of muscular tissue for microscopical examination. You may, by means of it, be able to determine the amount of degeneration in a paralyzed muscle; or you can ascertain, from time to time, the rate of repair in muscles which are under treatment. I have found the German instrument by means of which a number of fine needles are rapidly plunged into a part, a valuable counter-irritant in some affections of the nervous system. A spray apparatus for refrigerating the head, or the surface over the spinal column, will sometimes prove serviceable. Such instruments as hypodermic syringes, testing apparatus, tuning forks, etc., have a self-evident application in nervous disorders, as in other departments of medicine.

COMMUNICATIONS.

THE PATHOLOGY OF AGUE, AND THE AGENT THAT PRODUCES IT.

BY A. S. STONEBRAKER, M.D.,
Of Waco, Texas.

There is no subject, perhaps, in the long catalogue of diseases, that has attracted more attention by the medical profession than that of the pathology of what is known as miasmatic, or malarial fever. In 1695, Dr. Sancisi, a distinguished Italian physician, I believe, was the first to put forth distinct ideas and theories concerning the so-called malaria; and from that time to the present new theories have been promulgated, soon to explode, leaving us as much in the dark as centuries ago, especially concerning the morbific agent that goes to produce the disease. Occasionally an over sanguine chemist has conceived the idea that he had discovered the peculiar poison known as miasm, and had possessed the erratic enemy in a tangible form; but he, too, has been forced to admit that the wily agent had eluded his grasp.

The profession has, for ages, with one accord, attributed all periodic fevers to the effect of miasma, a specific poison, absorbed and taken in the circulation of the blood, thereby chemically changing and contaminating it, a theory I have never been able to reconcile with the character of the disease. For the sake of convenience I shall use the terms miasma, and malaria, but I believe there is another and a better term for this agent, more consonant with the disease it produces, which I shall endeavor to explain, as clearly as possible, and which I shall denominate the morbific electrical fluid.

In the first place, I cannot admit, and must deny, that malarial fever is a blood disease; and will submit, as a fact demonstrable, that the blood is simply the vehicle which conveys the morbific agent, and no effect is produced until the structure for which the fluid has the greatest affinity has become ready, from some predisposing cause, to receive the impression of the agent, and thus will be specifically affected; which structure is the nervous system. The advocates of the chemical hypothesis contend that the constituents of the blood become altered and contaminated by the peculiar miasm or virus, but when such blood is introduced into the circulation of a healthy individual, it gives rise to nothing like the original disease.

Why it is that certain morbific agents select particular organs and tissues to exert their actions upon, we do not know; but that such is the fact all medical observers will bear witness. Neither is it more surprising, than that some of the natural fluids of the body, like the urine, bile, etc., remain with impunity in some parts of the body, while if they gain admission to other parts, as the cellular substance, or peritoneum, they occasion inflammation, sloughing and death. So far, therefore, as determining by means of chemical analysis, the exact constituents of the morbific agent called malaria, may be regarded a delusive hope; as Liebig, in his animal chemistry, truly observes, "with all our discoveries we shall never know what light, electricity and magnetism are, in their essence. We can ascertain, however, the laws which regulate their motion and rest, because these are manifested in phenomena."

This is equally true, when applied to malaria as I regard it, an electrical agent, produced in certain localities, possessing certain active principles which are latent and unappreciable in the natural state, and are only called forth and developed by the influence of some other agent or process which effects a transformation, or metamorphosis of the crude material. Thus it is with heat, electricity, and magnetism; each only becomes apparent when certain physical substances operate upon each other in such a manner as to disturb or change the original state of cohesion of particles. The morbific agent called malaria is produced in certain localities, by a combination of circumstances and elements, in certain definite proportions, and has an elective affinity for the nervous system; conveyed thence, *perhaps*, through the circulation of the blood, and if so, without impressing the great arterial system.

Any medical man who has had any experience in the treatment of ague must have been struck with the peculiar shock made upon the nervous system; an impression not unlike that of an ordinary electrical shock, only of longer duration, and of milder form.

This electrical agent is not the result of decaying animal or vegetable matter, as is generally taken as a fact, but *may* be, and frequently *is*, generated in localities where there is no vegetation, either decaying or otherwise, and that are perfectly dry, and facts can be adduced to show that the decomposition of vegetable substances is only an accidental accompaniment of the miasm, and not by any means an essential condition of its evolution.

Dr. William Furguson, an English physician of wide experience, in an interesting paper, "On the Nature and History of the Marsh Poisons," published in the "Edinburg Philosophical Transactions," says, "In August, 1794, after a very hot and dry summer, our army in Holland encamped at Rosendaal and Oosterhout. The soil in both places was a level plain of sand, with a perfectly dry surface, where no vegetation existed, or could exist, but stunted heath plants. It was universally percolated to within a few inches of the surface with water, which, so far from being putrid, was perfectly palatable. Here fevers of the intermittent and remittent types appeared among the troops in great abundance." Many instances of a similar character could be given. A striking example occurred under my own observation, a few years ago, in Baltimore city, Maryland. The northwestern part of the city is built on very high ground, and from the natural drainage is kept perfectly dry, and entirely free from either stagnant water or decomposing vegetable substances. Up to that time that part of the city was sparsely built, and owing to the healthfulness of the locality, a demand was created for residences, and the greater part of the unoccupied ground was built upon in the course of one or two years, in consequence of which a great deal of fresh earth was turned up, by excavating cellars, etc. Immediately thereafter intermittent fever set in, and prevailed for one or two seasons, scarcely a family escaping the disease; while prior to that time a case of ague was not known to originate in that locality. The latter is another convincing proof, to my mind, of the fallacy of the theory of vegetable decomposition; but there was an element arose or brought into action, from or by the upturned earth, combining with another element necessary in the premises, or being acted upon dynamically, which produced the morbific electrical agent causing ague. This electrical agent is rapidly produced, and one or more principles may exist naturally in all conditions, and the moment in which the substance of the atoms combines with the new element necessary to the production of the morbific agent, that moment it acquires the capacity of penetrating the organism, and exciting therein its deleterious effects. This agent brought in contact with the invisible extremities of nerves, its hyper-microscopical atoms will enter the organism at the same time with their superficial electricity, and will, if the nerves be in a perfectly natural state, be thrown out of the system without impediment, even after having penetrated it in every direction. But if a body is in a state of imperfect health the power of conduction proper to the nervous substance will be materially diminished, and the morbific electric current leaves the atoms at the enfeebled spots, where they exert a detrimental influence. This electrical miasm is incapable of imparting its peculiar influence, unless it is brought into contact with those tissues for which it possesses a kind of elective affinity.

I am not sure that it is necessary for the miasma to be absorbed, and pass through the arterial system, to produce its effect on the human economy, but it may operate by making its primary impression upon the sentient extremities of the nerves, impairing their integrity, and rendering them incapable of conducting the electrical stimulus to the extreme vessels, and therefore produces the shock. The extreme terminations of the nerves are so highly impressible that the very minutest quantity of a specific agent is capable of producing prompt and decided effects, while the same agent would prove powerless if applied to the larger nerves. Thus it is that imponderable substances and mental emotions are so often the causes of disease. Sometimes a morbific agent may be powerless to exercise an influence upon any tissue, and may remain in the system an indefinite length of time without affecting it, and yet retain its activity. The reason for this may be explained thus: the tissues upon which it acts by affinity are in so perfect a state of vigor as to be able to resist the power of the noxious agent, until some cause shall enfeeble the part to be affected, and thus predispose it to receive the injurious impression.

The same explanation will justly apply to the latent principle of malaria, as often experienced by those exposed to its influence; the morbific agent remains harmless for months, when suddenly some tissue becomes enfeebled and incapable of resisting the action of the specific agent, and the disease in all its violence bursts forth. The nervous system is not unlike an electrical battery, possessing, as it does, a peculiar imponderable, invisible principle, which may be thrown into active operation by coming in contact with another electrical element, producing good or evil effects, as to the agent employed.

The great nervous system may be properly likened unto an electrical battery; the various branches act the part of the poles for conveying the current; and when all the ramifications of the nerves are charged by this morbific electrical fluid, a physical impression is made upon the human economy, very like that of a shock received from an electrical battery.

In the effort of the noxious electrical fluid to expand itself upon the nervous system, the primary impression is that of rigor and shrinkage of the parts, with contractility; the secondary impression is that of heat, caused by the rapid expansion of the parts previously acted upon, necessarily causing the evolution of heat, and what is known as the febrile stage of the disease.

As I said before, it is not necessary to have decaying animal or vegetable matter to produce this subtle agent, but it seems to require heat and moisture, and not the earthy substance of any particular locality; for instance, a subject predisposed to ague may eat heartily of watermelons, afterward expose himself to the heat of the sun for an hour or more, and he is a fortunate individual if he escapes a chill. Such instances of the rapid production of chills are numerous, and, certainly, we cannot attribute such attacks to the malaria of a marshy district; but it is a convincing proof that this subtle agent may be generated and produced in a very short period of time, similar to that of an electrical current, and the watermelon in such cases is simply a factor, the effect of which, when brought in contact with agents natural or unnatural to the human system, subjected to the heat of the sun, generates the morbific electrical fluid, which, as soon as the battery (the nerve centres) is charged sufficiently, electrifies the whole nervous system, with all the pathognomonic symptoms of regular ague.

This agent possesses certain peculiar and distinct properties which enable it to exercise an influence only on particular nerves, and will pass over, in fulfillment of this law, various intermediate nerves of more direct anatomical connections. This principle of elective affinity, being so universal, as applied to morbific, as well as remedial agents, the influence which any substance of either class exerts upon the organic elements can, with propriety, be denominated its specific effect.

Therefore, this miasmatic electrical substance possesses the property of selecting that tissue for which it has an affinity, and of expending its entire primary action upon the particular parts selected; the sympathetic modifications, the result of variable degrees of strength and purity, operate mainly as secondary phenomena. It is by virtue of this law that medical men have been enabled to classify diseases; and that medicines may be administered which operate with certainty upon particular tissues and organs. The electrical influence of miasma is not entirely a new idea, as some writers long since attributed the operation of medicines to the same influence. Bischoff says, "All bodies, by contact with each other, act as electrics, without, however, necessarily undergoing any chemical changes. Therefore, when a medicine is applied to the organism its action is electrical." The instantaneous effect of very minute quantities of hydrocyanic acid and some of the gases most certainly bear a close resemblance to the overwhelming shock of lightning, and therefore, it must be conceded, go far to sustain this opinion.

Whether all morbific and remedial agents act dynamically or electrically, may admit of a question, but it is quite clear to my mind that miasma is an electrical agent, and its primary impression is made upon some portion of the nervous system, and that its action is electrical. An individual may have but one chill, or a few, and no more; which may be explained in this wise; the amount of the morbific agent generated in the system is dependent upon circumstances, just as is the case with the preparation of an electric battery. There is more than one element necessary to the production of this agent, and there may be a deficiency of one or both in the human battery, and consequently only one or more charges are generated, after which there can be no more until the battery is supplied with additional elements. The time required for these elements to produce the morbific agent may be variable, according to the degree and quantity, and this may explain the periodic character of the paroxysms. Many theories have been advanced by pathologists, to account for the periodic occurrence of the paroxysms at regular and stated times, but reasoning upon the theory that miasma was a poisonous chemical agent, absorbed and taken in the circulation of the blood, producing a chemical change, thereby vitiating that fluid, of course, they found themselves at sea, and just when they supposed they had grasped the miasmatic problem, their attempts at explanation have been either quite hypothetical, or totally insufficient and illogical.

One writer has ascribed the intermission to a periodic development of the fermentable matter in the blood. There has been no such development in the blood shown, nor any evidence of it; and if such were the fact, that such development took place, the question would recur, *why* such development should occur *periodically*.

Another referred the periodic character to some general law of the universe, in which he conceived some vague idea of such influences as the alternation of light to darkness, the ebbing and flowing of the tides, the periodic character of the seasons, *et cetera*; but in this there is no rational explanation at all. Still another advocates a most singular theory upon the subject; he attributes the periodic phenomena to the alterations necessarily produced in the human economy, especially in the functions of the circulation of the blood, by changing the position from the upright to the recumbent, and vice versa, every twenty-four hours, in the waking and sleeping periods. If such a theory was correct, it would not be necessary to resort to medication, but change the order of things, and refrain from the horizontal position during sleep, for a period. There have been many other and equally illogical and irrational theories promulgated in explanation of this peculiar phenomenon, but all have failed to satisfactorily enlighten the profession.

I am clearly of the opinion that the pathological theory of the periodic phenomenon can be accounted for, logically and rationally, when we have convinced ourselves of the nature of the agent that produces it; and I have endeavored to show, what is clear to my mind, that all the symptoms and phenomena of ague are attributable to an electrical morbific agent. This agent exists as an element of its own, perhaps, and only requires the action of some other power or substance to set it in motion, the same as producing the electric battery, which, when charged by the action of acids on certain metals, gives off the subtle fluid which produces the shock. This fluid exists in certain localities and under certain conditions; as before said, when there is a surface capable of absorbing moisture, having been flooded or soaked with water, then by a high temperature becomes dry quickly. This agent is received into a portion of the greater nervous system for which it has an affinity, and when the organic battery becomes so far charged with the fluid, it is conveyed off through the ramifications of nerves to the sentient extremities, until the battery has expended the charge. If there still remains a portion of the fluid in this organic battery, it immediately commences to increase in volume until the battery is again charged to its capacity, and again discharged, requiring greater or longer periods of time, according to the condition of the battery, and the amount of the element in the battery.

The whole charge may be expended with one paroxysm, thus leaving the individual free from another attack until exposed to the same influence that produced the original one. This organic battery may retain the fluid in a moderate degree for some considerable time, until there is some exciting cause to put it in motion, and increase the charge. So subtle is this agent, that no evil effect or deleterious impression is made upon the system by its existence, until the charge is sufficient to expend its force on the nervous extremities, producing thereby contraction of the tissues, and the corresponding expansion, evolving heat, and producing fever. As to the methodus medendi, I shall have but little to say, as my object has been mainly to inquire into the pathology of the disease, and the morbific agent that produces it. One general principle, advocated by Paine, in his "Institutes of Medicine," I shall quote as consonant with my own views, as to the treatment. He says, "all diseases consist in a modification of the vital properties, and a consequent change of function, and are therefore, only a variation of the natural states; the artificial cure consists in a restoration of these properties and functions, by making upon the former certain impressions which enable them to obey their natural tendencies to a state of health."

"Remedial agents of positive virtues operate like the truly morbific, but less profoundly, in their therapeutical doses, and the philosophy of their cure consists in establishing in a direct manner certain morbid alterations in the already diseased properties and actions of life, which are more conducive to the natural tendency that exists in the vital properties to return from a morbid to their natural states." While cinchona and its salts are improperly regarded specifics for the cure of ague, they no doubt possess in a wide degree the requisite properties for arresting the production of the morbific electrical fluid; but salicylic acid, although used by me to a limited extent, comparatively, fulfilled the ends more satisfactorily than any drug in my hands. The modus operandi of the cure of ague is not by the change of tissue produced by the remedy used, by being absorbed into the circulation of the blood. The remedy, to effect a cure, need not be such as will produce any change of tissue, but such as has a negative electrical character; one that will neutralize or negative the organic battery, and thus destroy the charge, and prevent an accumulation of the fluid in the human battery; in short, *one that has an affinity for the nervous system.*

I have purposely refrained from suggesting, more than incidentally, any particular remedy or plan of treatment in this paper, but confined myself to the pathology of the disease, hoping that future research may develop into use a remedy more reliable and better suited to the malady under consideration. It occurs to me, however, that electrical or tetanic remedies are indicated, as we have abundant proof of the action of sudden and electrical impressions in arresting an attack of ague by such means as fright and joy, and more pointedly, by the subject being suddenly and unexpectedly plunged into water. I am aware that some of my suggestions savor somewhat of the Hahnemannic doctrine, but I claim that we, as a profession, are *strictly* eclectic, and everything in *pathology*, *physiology* and *therapeutics* belongs to us as such, and it is not only our privilege, but our *duty*, to seek that which is good, and profit by it.

The views set forth in this paper are not entirely of recent origin, as my note-book shows that I promulgated similar theories, as to the pathology of ague, as far back as 1859, in private intercourse with medical friends, and many agreed with me as to the nervous connections.

I know that any theory promulgated that is so entirely at variance with the preconceived views of the profession will meet with criticism, perhaps severe, but if conducted with kind and generous sentiments, can only result in good; and such I heartily seek, as I hold my views subject to correction, and possibly to refutation.

GUAIACUM IN THE TREATMENT OF QUINSY.

BY R. J. FRITZINGER, M. D.,

Of Ashland, Pa.

Reiteration of the good qualities of that which even is commendable, will prove tedious when occurring at too close intervals; but as now considerably over three years have elapsed since the attempt was made to bring more prominently to notice the great value of guaiacum, in the treatment of quinsy, the present communication may not be inopportune, since this is the season for tonsillitis; or rest under the suspicion of being premature, when it still can be maintained that not the least need be retracted from what was then advanced (Reporter, No. 923).

The initial experiments with this remedy were made under circumstances peculiarly favorable for observation and fair trial. Subsequently, the results were formulated into a treatment to which strict adherence has been given in nearly all cases, from the fact that it has proven all that is desirable in combating a complication of disorders of the throat, which previously had been a source of great annoyance from unsatisfactory medication. Other remedies were employed before, with the usual unsatisfactory ending of the case, but now a prescription is given with the assurance of speedy relief, and with the conviction that the prediction of a prompt cure will be verified.

At the time of the previous communication, quinsy alone headed the category of complaints amenable to the specific influences of this drug; but now all its neighboring congeners—sore throats of all kinds—have been added to the list. It is indeed surprising to see the rapidity with which the congested, yet flabby, uvula and soft palate will regain their normal tonicity, and how quickly the angry redness and tumefaction of the parched and painful mucous membranes will disappear when subjected to the action of this medication.

An article which was overlooked, and to which, very evidently, not sufficient attention has been given, can be found in The Compendium, page 131, July, 1870, from an authority eminently worthy of notice, who details a treatment, substantially as here advanced, on this disease, which has bidden defiance to the remedies of more than one practitioner, and to combat which, many have ran through the whole gamut of their prescriptions without producing the desired cure.

On page 87, current volume, guaiac is parenthetically mentioned as a specific in follicular tonsillitis, and it is summarily dismissed.

If by follicular tonsillitis is designated that form in which the glands are partially or entirely covered with a tenaceous white secretion, caused by morbid action or degeneration of the mucous follicles, then it is a matter of surprise that a remedy acknowledged so undeniably efficacious should be cut off with less than two lines, when it is a well-known fact that, in the great majority of cases, this secretion is pathognomonic of the severity of the complaint, and characteristically an index of the rapidity with which morbid action will take place in the parenchyma of the gland. Quinsy is a distinct disease, and will always prove phlegmonous if not arrested promptly by proper treatment. Simple angina, with slight incidental swelling of the tonsils, should not be diagnosed and treated as quinsy, and then be claimed as a cure effected by the general routine manner of treatment.

By contact guaiacum has the quality of causing the viscid secretions to become more consistent, and thus facilitate their removal, either by expulsive efforts of the patient or by gargles. Although this primary action locally is most unquestionably highly beneficial, it is owing to its secondary physiological effect upon the engorged capillaries, ramifying in the body of the gland, that the resolution is immediately accomplished. It is unquestionably owing to these peculiar properties of coagulative astringency locally, and the tonic action upon the walls of the over-distended capillaries, giving them force to expel the superabundant blood they contain, that gives guaiacum its specific virtues in curing quinsy.

As there is thirst and fever, and dryness and burning of the throat, the addition of nitre and potass. chlor. will meet the indications, and will modify the formula so as to be more agreeable for the patient. The following is a combination that has been used quite extensively for several years, and will be found as agreeable to take as any:—

℞.	Potass. chlor.,	ʒj
	Spts. æth. nit.,	ʒiv
	Tr. guaiac,	ʒvj
	Syr. aurant. cort.,	ʒvj

Sig.—A teaspoonful every two hours, in water.

This should be taken in about a tablespoonful of water, or a sufficient quantity to allow the warming and constringent effect of the guaiac to be felt in the act of swallowing, and it is desirable that this should be done slowly. In case the bowels should move too freely the dose should be diminished, and as the disease ameliorates it should be administered at longer intervals.

If there is permanent enlargement, of not too long standing, the application of a solution of tannin in tincture iodine and glycerine, applied to the gland, with a course of guaiacum internally, will prove of good service.

March 6th, 1878.

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HOSPITAL REPORTS.

UNIVERSITY HOSPITAL.

CLINICAL SERVICE OF DR. WM. GOODELL,

Professor of Gynæcology in the University of Pennsylvania.

SPECIALLY REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

Angulation of the Cervical Canal.

This patient has a small, conical-shaped cervix, no larger than my little finger. Upon endeavoring to pass the sound into the cavity of the womb, I find that it stops at the os internum. The cervical canal is not contracted, but there is a sharp bend in it.

How shall I treat this angulation? I intend to straighten the canal if I can, but first I will dilate it. When dilatation is easy it is likely to be a failure, as far as permanent benefit is concerned. You see that I am using an Ellinger dilator. By dilating gently and gradually I have succeeded in introducing it all the way. In some cases it is impossible to secure a permanent expansion. When this is the case you must lay aside your dilator and incise.

In dilating, it has recently been my habit to leave the dilator *in situ* until the woman shows some signs of returning consciousness. The best time to dilate a cervical canal is just before the appearance of the monthlies, particularly when there is much dysmenorrhœa. When you find it necessary to incise, the proper place for the incision to be made is at that side of the external os opposite to the bend of the canal.

Closure of the Vulva for Vesico-Vaginal and Recto-Vaginal Fistulæ. Hemorrhoids.

This is the same woman whose vulva I closed some time ago, for vesico-vaginal and recto-vaginal fistulæ. You will remember that thirteen years ago this woman went into her first labor. It was an arm presentation, giving no chance for turning, but showing a tendency to spontaneous evolution. The child was born while one of the attending physicians was away and the other asleep. Very extensive sloughing of the upper and outer walls of the vagina followed the labor. The whole base of the bladder and a large part of the urethra were destroyed. The woman came to me last spring to have the operation for vesico-vaginal fistula performed, but this I found impossible, as no flap could be obtained. To remedy her trouble, and as a first step in the operation for closure of the vulva, I passed the galvano-caustic wire into her rectum, and made an artificial recto-vaginal fistula, with the intent of converting the rectum into a bladder. At first the rectum objected seriously to the presence of the urine, and she has to empty her bowels very frequently. Afterward, however, she only had a passage two or three times daily. I took this first step last spring with a purpose. Artificial recto-vaginal fistulæ are very likely to close up again, whereas the success of the operation for closure of the vulva depends upon the permanency of the opening into the rectum. Having secured a permanent opening into the rectum, I proceeded, last November, to close the woman's vulva. You remember the particulars of the operation. When the stitches were removed, upon the ninth day after the operation, the union of the sides was found to be complete, except just at the site of the meatus urinarius. At this spot a small fistulous opening remained, through which the urine trickled out. I attributed the existence of this opening to the fact that, under-estimating the strength of the sphincter ani, I had used a flexible, instead of a silver tube, to drain off the urine, and that the contractions of the anal muscle had closed the catheter, and so forced the urine to find other means of egress, which it did by working its way out just below the meatus. Early in December I closed this fistulous opening by cutting flaps from both sides. By this second operation, I am happy to say, I have completely succeeded in closing the opening. In a case of much the same nature as this, which I saw with my friend, Dr. W. W. Keen, as many as thirteen operations had to be performed before complete union was secured. The woman now only gets up twice at night to make water. At first, in the daytime she had an evacuation of her bowels every seven minutes; now she only goes to stool every two hours during the day.

I bring her before you to-day that I may remove two piles that have lately been annoying her much. You see that the meatus and vulva are both entirely closed up. I made the recto-vaginal fistula large enough for her to get her finger into the vagina through it, and so remove any fæces which might find their way into the artificial vaginal cul-de-sac. As regards the piles, you see here one of a polypoid character. It has quite a long stem. If I were to snip it off and leave the stump untied, the patient might bleed to death. It is customary to transfix the stem of a pile and then tie it on both sides, but I will cut a little groove in the skin and tie a thread around the stem without transfixing it. For this purpose I am in the habit of using English plaited thread of three strands. All the blood vessels enter a pile from its upper margin. Nicks and grooves in which the thread can be tied may therefore be cut in the lower side with impunity. Here is another surface pile which I will cut off without tying. There is, you see, only a little bleeding; to stop this I shall cauterize the stump.

Of course this woman, fortunately a widow, will have to remain single the rest of her life. Her reproductive organs are of no use whatever; in spite of this disadvantage, however, the patient's mental and physical condition have been vastly improved by the operation. If it should happen that her rectum should, at any time, begin to show the signs of persistent and irremediable irritation, there would be nothing left for me to do but to open the closed vulva again. From the present favorable appearances I hope that nothing of that sort will ever be necessary.

Retroversion.

The womb, in this case, is turned completely over backward; there is not, however, any bend in its axis. The most common cause of this condition is allowing the bladder to become overfull. An overfull bladder pushes the womb back until it is, perhaps, caught by the descending fæces and retroverted, thus partially occluding the rectum.

This woman is thirty-five years old, has been married four years, and has had three children. The last child was born four months ago. After the birth of her first baby the woman had some trouble in retaining her water; she says that occasionally she was obliged to get up as often as twenty times in the course of the night, to make water. She was better after the birth of her second child. Her courses began three months after the birth of her last child. She has suffered a great deal from bearing down pains, and has abundant leucorrhœa.

One of the great causes of displacements of the uterus is subinvolution. There is, of course, more weight and blood in a subinvoluted than in a virgin womb. The womb is first bent by its extra weight and then sags down. I should mention here that this patient has suffered considerably from pruritus within the past few months.

Upon examination, I find the womb is larger than it should be, has a velvety feeling, and is heavier than natural. This by the vagina. Upon deep palpation over the pubis I am not able to feel any womb. Posteriorly, however, by a careful rectal examination, I discover quite a large tumor. Let me pass a sound into the uterine cavity. There is no erosion of the cervix. The cervical canal is not contracted, and the womb is longer than natural by about half an inch. I am able to note a very marked retroversion of the organ. The woman has, however, been using a pessary for some time, and has so changed the retroversion to a sinistro-lateral version. The retroverted womb did not, fortunately, contract any adhesions.

I am going to use an "Elliot's Repositor" to change this womb from a position of retroversion to one of anteflexion. This instrument, which I have often shown you before, is a most excellent one. The introduction of this instrument causes some pain, by reason of the existence of some endometritis.

There has also been a good deal of hyperplasia of the connective tissue; a numerical increase in the number of tissue cells is known by the name of areolar hyperplasia. I shall turn the screw of the "repositor" very slowly, as the lining membrane is very tender to the touch. I shall make use of this instrument once every week, for the purpose of getting the womb into its proper position. But the organ is too large; how is that condition to be remedied? I intend to apply some strong nitric acid to the inside of the cavity, and so stimulate the uterus to contraction. To prevent the acid from touching the walls of the cervical canal I pass it into the womb through a platinum tube. How often is it safe to make an application of this character? Not more than once a month. Never apply the acid recklessly.

I am going to pass in a pessary, to support the womb. I shall tell the patient when she goes home to take a vaginal injection of warm water, in temperature from 110° to 115°.

I have spoken to you of "Elliot's Repositor," but there is another way of reducing a retroversion; it is this: Catch hold of one of the lips of the cervix with a "volsella," and while holding on to the cervix, put your finger behind the fundus of the womb and push it up. Remember that you cannot readily straighten a womb with a curved sound; you simply twist it on its axis. If you change the curve of the sound a little, however, each time you pass it into the womb, you may finally succeed in reducing the displacement.

Retroflexion.

This woman is 42 years old, is married, and has had six children, the youngest of whom is 12 years old. She comes to us complaining of pains in her right hip, back and shoulders. She also suffers from frequent bearing down pains, palpitation of the heart, and flashes of heat. These heat flashes, I may say to you, are not hyperæmias, but perverted nervous expressions—nerve gusts bursting upon an organ such as the stomach, uterus, ovaries, heart, or bladder, just as a wave beats against the shore. The burning pain in the woman's right groin is undoubtedly ovarian in its nature, due, probably, to some irritation of the uterus. The patient still sees her monthlies.

Upon examining her womb I find a tumor posteriorly, evidently a retroflexion. My treatment here will be by pessaries. The Hodge pessary will be the best. Stem pessaries are also of value where there is flexion of the organ, but they need watching. In putting in my Hodge pessary I take care to see that its upper bar presses upon the organ beyond the point of flexion.

Rectocele.

This woman is 45 years of age, and married. She has had four children. Her present trouble dates from the birth of her last child. Upon examination I find quite a large tumor projecting from the mouth of the vagina. This tumor is much increased in size when the woman strains. It evidently has no connection with the uterus as rectal and vaginal examinations show me. Upon percussing it I elicit resonance. I find that it has no connection with the cervix, and springs from the posterior wall of the vagina. It must therefore have something to do with the rectum. It is, in fact, a rectocele. I can introduce my fingers within this bag through the rectum. The patient tells me that this rectocele is frequently filled with fecal matter.

Rectocele is a rare disease when existing alone; it is very frequently met with as a sequel of prolapse. The proper treatment will be either by a globe or sponge pessary. As the woman complains of costiveness, I shall order her an enema every morning, or if she prefers it, she may try the following excellent aperient mixture:—

℞. Pulv. glycyrrhizæ rad.,
Pulv. sennæ āā. ℥ss
Sulphuris sublim.,
Pulv. fœniculi, āā. ʒij
Sacchar. purif., ℥iss. M.

Sig.—One teaspoonful in half a cup of water, at bedtime.

The surgical operation for rectocele is to denude an elliptical or circular space on the vaginal surface of the tumor, and then purse up the tissues by passing a threaded needle in and out, around the edges. I think that the pessary will answer all remedial purposes in the present case.

Polypus of the Uterus.

The patient has been married many years. She has been suffering for some time past, from menorrhagia and dysmenorrhœa. She came to me some three weeks ago, bleeding most alarmingly, and told me that she was never free from slight dribbling of blood. Upon examination, I found a large circumscribed tumor occupying the uterus and vagina. I gave the patient dialysed iron. Yesterday she returned here, looking vastly improved, and telling us that the constant bleeding had stopped altogether. To-day, I bring her before you to make another examination. I find that the tumor has been forced partly out of the uterus, and now hangs out of the os, like the clapper of a bell. The iron probably acted by thickening the woman's blood.

A polypus is a pedunculated tumor of the womb. In addition to the polypus there are three kinds of fibroid tumors: the *mural, submucous*, and *subperitoneal* myoma of the womb. Some physicians divide polypi of the womb into four varieties, but there is practically no difference between them. A polypus is very unlikely to return after it has been removed. Polypi are sometimes multiple. The more open is the os uteri, the easier it is to remove a polypus. In making your diagnosis of a polypus be sure not to confound it with an inverted womb. The ecraseur has very often been applied to an inverted womb, mistaking it for a polypus. A polypus is insensitive, the womb is highly sensitive. When the tumor is an inverted womb, a rectal examination will always show a cupped depression. Always pass your sound before attempting to cut off a polyp. Supra-pubic palpation will reveal the womb present in, or absent from, its normal position, as the case may be. It is sometimes extremely difficult to get at the pedicle of a polyp. Here I cannot get the polypus altogether out of the uterine cavity, but I can distinctly feel its pedicle. The womb is not quite two and a half inches long. I think the polyp has pulled the fundus down slightly.

I intend to use the wire ecraseur in this case. The wire may break, but I am prepared for that accident. I fasten both ends of the wire to the travelling button, so as to get a crushing action. I am using for my loop a piece of piano wire; wire used for producing the upper notes of the piano. The tumor is a large one, and, as you see, the bleeding from its delicate surface is extensive. If a polypus fills up the vagina completely, so much so that you cannot find room to apply the ecraseur, you may either (1) deliver it with the forceps, as you would the head of a child, or (2) you may put the ecraseur around as large a portion of it as possible, and so remove it piecemeal. Some years ago I had to perform three operations to get the whole mass away. Be very careful that you do not catch some part of the womb with your encircling wire. You see how easily I have brought this growth away. I have never had a single bad symptom follow this operation in my hands; of course, this has been a piece of good luck.

How do I explain the dysmenorrhœa? The presence of this tumor has, of course, determined the flow of an unusual amount of blood to the womb; as the tumor was a highly vascular organ it became enlarged and blocked up the os internum. There is very little bleeding here, so I shall not make any injections of styptics. The nurse must watch the woman carefully, and keep her very quiet. If there be any sign of peritonitis she must take large doses of quinia and opium. The vagina should be thoroughly cleansed daily, with carbolic acid.

Electricity in Nervous Vomiting.

Professor Semmola states that since 1858, when he published his first case, he has had numerous opportunities of observing the complete and prompt efficacy of electricity by the continuous current, in nervous vomiting. Not only is it a certain and speedy remedy in this form of vomiting, but it is also of great utility in assisting the diagnosis of vomiting from organic causes, for in all cases in which this is not primarily and exclusively nervous, the application of electricity in order to secure the toleration of food is useless.

EDITORIAL DEPARTMENT.

PERISCOPE.

Nitrite of Amyl as an Antiperiodic.

Dr. W. E. Saunders writes to the *Lancet* :—

Finding, as I did, that quinine did not give the satisfactory results I had been led to suppose from the current literature of the day, I was induced to try to find some drug that would act more surely and with greater effect than did quinine. This was more necessary since quinine was daily becoming scarcer, while the demand for it had increased. I tried nearly every form of treatment that I had heard of, but found nothing to rely on in most cases. After carefully comparing the cold stage of ague with the collapse stage of cholera and other diseases in part resembling it, I came to the conclusion that the collapse stage was practically the same in all, and that one form of treatment would accomplish what was required. I then found that nitrite of amyl was the remedy I wanted, and accordingly used it in two or three minim doses, by inhalation. The result was that I found I could remove the cold stage of ague in five or ten minutes, and that the hot and sweating stage was reduced in like proportion. I wrote a paper explaining my theory, and illustrated by cases, which may be found in the April number of the *Indian Medical Gazette*, and again in the November number of 1876. I tried to induce my friends to adopt it, and one or two did, successfully; but the great objection appeared to be that, on account of the difficulty of giving it in small doses, it was too dangerous a remedy. I have since read, in the columns of your journal, that Messrs. Allen and Hanburys, of Plough Court, have introduced capsules containing five minims of nitrite of amyl, which ought to meet this objection. Few of my cases required more than fifteen grains of quinine altogether, and a relapse seldom followed. I have had but few failures, and these were in cases where the rigors of catarrhs took the form of an attack of ague, on coming to an English winter, after repeated attacks of ague and long residence in India.

I do not for one moment mean to say that the use of quinine should be discontinued; for there is no medicine so useful in preventing chills, more especially when combined with small doses of opium, and in removing that toxic state which results after oft-repeated attacks of ague. It is very useful, also, in that ill-developed form of intermittent fever so frequently met with in the tropics. Many drugs will often prevent a recurrence, such as bromide of potassium, chloral hydrate, etc.; but I know of nothing that will stop or at once cut short the cold stage of ague but nitrite of amyl.

Home-sickness as a Disease.

The last published volume of the *Dict. de Médecine* has an interesting article on nostalgia, by Dr. H. Rey. He regards it as a form of insanity. It is not often observed in childhood nor in advanced age, and is much less frequent in women than in men. It is most common in the young conscript drawn from the country, who enters the infantry; the town lad is too much accustomed to change and the bustle of life; whilst the cavalry soldier is too much occupied to have time to think over his separation from the place where his affections are centred. M. Rey states that the men of Bretagne are most liable to home-sickness, as many cases occurring in those from this district as from the whole of the rest of France put together. The symptoms of nostalgia are, that the patient becomes sad and taciturn, forbears to eat, retires to weep alone, and gives himself up to long reveries of home. After a time, if he goes beyond this first stage, he begins to bear the aspect of ill-health, and suffers from headache and sleeplessness; and if the disease still advances, delirium, prostration, diarrhœa, and marasmus come on, terminating in death. Sometimes, he says, even old soldiers do not escape the malady. It is in hard times that this occurs, when fighting has to be done in retreat, and when other troubles are added to the bitterness of defeat; when he feels himself forsaken; when he is exposed to cold, is hungry, has to sleep on damp soil, and is suffering frightful thirst from his wounds; perhaps is taken prisoner, or droops under the diseases that spring from misery—scurvy, typhus, or dysentery; under these circumstances, the remembrance of the country he has left behind him, of the mother, the wife, or the home, awakens and brings a tear into the eyes of the bravest.

New Method of Dressing Stumps.

Dr. Ed. Gaurreau, of Quebec, describes, in the *Lancet*, the method he adopts, as follows :—

We shall suppose an amputation at the wrist. I apply the tourniquet over the brachial artery; I cut my flaps very carefully, that they may adjust as closely as possible; and I bring the divided parts together, and keep them in apposition by means of strips of linen one inch in width, soaked in a solution of equal parts of tincture of muriate of iron and water. I lay my strips first horizontally, and then spirally, using moderate and uniform pressure, so as to prevent subcutaneous oozing of blood, and I further saturate the compresses with iron. I now slightly turn the screw of the tourniquet, to allow of a little blood to reach the bandages. The blood coming in contact with the iron undergoes a chemical change, and forms a thick adhesive mass, which closes the lips of the wound, and excludes all contact of air. Shortly afterward I remove the tourniquet, when no hemorrhage can take place, owing to complete closure of the wound and through compression over the veins and arteries. To ensure the latter effect more thoroughly, I previously envelop the limb up to the elbow with rollers of bandage firmly and moderately placed from below upward. As regards the use of the tourniquet, perhaps it would be better still to substitute Esmarch's elastic bandages.

The points of practical importance gained by the method I submit are the following. The wound heals by first intention; the healthy living tissues uniting without suppuration, or, in other words, no "putrefactive fermentation" takes place, just the same condition—the aseptic—as claimed for Professor Lister's method; the non-use of ligatures and sutures, a frequent cause of septic mischief; and last, though not least, its simplicity and astonishing results.

I confess I have had few opportunities of testing the merits of my plan of treatment, but the whole process is based upon such scientific principles that I dare hope that it will be essayed by many, and the result honestly reported

Plan for Allaying Irritation of the Mammary Glands.

Dr. Hugh Miller, of the Glasgow Lying-in Hospital, says, in the Edinburgh *Medical Journal*—

"For some time I had been dissatisfied with my management of the breasts where an active treatment of them had to be employed. I had used the various liniments and ointments, and I was satisfied that frequently only an imperfect trial was given to the remedy, since complaints were made that repeated frictions could not be persevered in, owing to their increasing instead of relieving the pain; and in those cases where rubbing in the remedy was an essential to the treatment, I thought the objection, when urged, was a reasonable one. With a view to avoid friction and to secure the full therapeutic effect of the belladonna, I had an alcoholic extract prepared, of double the strength of the emplas. belladonnæ, but kept fluid by collodion. Camphor was combined with it, for the purpose of aiding to arrest the natural mammary secretion. This preparation, now shown, is painted on the breasts much in the same way that you would use blistering fluid. No rubbing in is necessary. The fluid dries quickly, is much more cleanly for the patient, has a less offensive odor than the ointment, and, in my experience, it is more reliable in its action.

This liquid preparation is painted over the affected parts of the breast night and morning, until the acute symptoms give in. Indeed, it can only be of service as a good local sedative when the free and frequent application of it to the affected part has been persevered in until decided results are secured. During the past year I have used this preparation with very satisfactory results. Whether the inflammatory irritation accompanying the onset of the lacteal secretion had for its exciting cause exposure to cold, inflamed nipples, or obstruction in the lacteal ducts, the preparation has always seemed to be of value. I have also used the preparation beneficially, by applying it to both breasts every day, when the mother did not intend to suckle her child; and from the frequent opportunities I have had of observing the result, I am satisfied that it may safely be relied upon for restraining the secretion of milk, and acting on the walls of the arterioles so as to prevent engorgement. It has the advantage over the old plan of evaporating lotions, in that it is more cleanly, and is more comfortable to the patient.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A number of interesting observations on the transpirations of plants are contributed to the *American Naturalist* for March, by Dr. J. M. Anders, of this city. They strongly illustrate the importance of silviculture.

——In a reprint from the *American Medical Bi-weekly*, Dr. A. B. Cook sets forth the so-called "radical cure" of piles by carbolic acid injections. Besides explaining the process, he shows up the arrant quackery with which it has been exploited in the Western States.

——Dr. L. Duncan Bulkley, of New York, has forwarded us reprints of his "Analysis of 774 cases of Skin Diseases," and his Address before the International Medical Congress, on the question whether eczema and psoriasis are local or constitutional disorders. He inclines to the view that they are both constitutional diseases.

——The treatment of old dislocations of the shoulder by subcutaneous section of the humerus and the formation of a false joint, is discussed by Dr. J. Ewing Mears, in a reprint from the Transactions of the College of Physicians, of Philadelphia.

——"Clinical Gynecology," a reprint from the Richmond and Louisville *Medical Journal*, by Dr. W. H. Wathen, contains five clinical cases from private practice.

——Dr. Wm. Dickinson, of St. Louis, sends us two brief descriptions of cases of hemiopia and of ptosis-mydriasis-strabismus.

THE

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D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the Reporter, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

3. For one new subscriber to both Compendium and Reporter, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

In all cases the remittance for the new subscriber must cover one full year's subscription.

THE REGISTRATION OF PHYSICIANS.

A curious example of the ease with which laws are passed without intelligent criticism, and also of the ambiguous phraseology which so often enables an adroit attorney to wrest a statute from its real aim, is presented by an Act approved by the Governor of this State, March 24th, 1877, entitled, "An Act to Protect the People of the Commonwealth against Incompetent Practitioners of Medicine, Surgery and Obstetrics."

The third section of this Act was framed in the following words:—

"Section 3. *Before any person shall engage in the practice of medicine, surgery or obstetrics in this Commonwealth, or who has not a diploma as provided for in section second of this act, such person shall make affidavit under oath or affirmation, before the Prothonotary of the county where such person intends practicing, setting forth the time* of continuous practice, and the place or places where such practice was pursued in this Commonwealth; thereupon the Prothonotary shall enter the same of record in a book specially provided therefor, to be kept in his office and open to the inspection of the public; and for such services he shall receive the sum of two dollars, to be paid by the affiant, one-half for the use of the Prothonotary, the other for the use of the county."

Now, on reading this section attentively, it apparently means that every practitioner, whether he has a diploma or not, should register himself in the office of the Prothonotary. Such, in fact, was the intention of its writers. But the phraseology is so obscure, and the use of the particle *or*, which, in English, is unfortunately both a disjunctive and a conjunctive (equivalent to both *seu* and *vel* in Latin), so uncertain, that the courts have held (assuming the conjunctive sense of *or*) that only those practitioners who have not a diploma are called upon to register.

The result of this construction has been that all the advantages of registration have actually been gained by those who merit them the least.

These advantages are many. In the first place, a historic and official record of the physicians of a county is preserved in the archives of the county; again, a check, and an efficient one, is placed on peripatetic sons of Esculapius, who are not allowed to come unheralded and depart unknown, as is their wonted way; the science of statistics is aided by a knowledge of the numbers of physicians in given communities; and the *morale* of the profession is heightened by the obligatory publicity given to the past history, and, in a sense, to the qualifications of its individual members.

But all this gain was frustrated by the incompetent wording of the statute. A memorial therefore has been presented to the legislature, asking that a supplement to the act be passed, in which the following words shall be substituted for those which we have printed in italics:—

"It shall be unlawful for any person to engage in the practice of medicine or surgery in this Commonwealth, who has not under oath or affirmation made affidavit before the Prothonotary of the county wherein such practitioner resides, giving native country, the name of the Institution which has conferred the degree of Doctor of Medicine and any other degree, together with the time when such degree or degrees were conferred, and in case of those practitioners who have not obtained the degree of Doctor of Medicine, the time, etc."

What the memorialists especially desire is this, that registration should be uniform and impartial, and that it should be made under oath or affirmation, as in the case of the attorney at law. The responsible relations of the profession to the people fully warrant these conditions; and we believe no honorable practitioner of medicine will object to them or to the expenses of the same.

There are few civilized countries where a regulation of this sort is not in force. Even several of the South American Republics, commonwealths which we are by no means inclined to put ahead of our own in the march of progress, have for many years insisted on such a registration. Wherever it has once been effected, its manifest advantages have led to its perpetuation.

NOTES AND COMMENTS.

The Diagnosis of Tumors in the Brain.

In a recent paper before the Manchester Medical Society, Dr. Dreschfeld pointed out that tumors situated in the cortical portion of the ascending parietal and ascending frontal convolutions (the motor sphere) give rise to symptoms corresponding to those produced by lesions of the corpora striata; while tumors in the anterior lobes produce phenomena more strictly psychical. Lesions of the cortex in either of these situations are accompanied with convulsions or epileptiform seizures. Where the motor sphere is affected, these attacks are invariably preceded by an aura, whereas no aura occurs in convulsions which are due to lesion of the anterior lobes. In the case of this latter lesion, the convulsions are characterized not only by the absence of an aura, but by the comparatively slight muscular contractions and by the long and persistent unconsciousness. When the disease affects the medullary portion of the anterior lobes, the fibres of which are, for the most part, unconnected with the central ganglia, there is absence of paralysis, both of motion and sensation. Lesions of the anterior lobes involve a disturbance of the higher intellectual functions; there is no delirium or mania, but a condition of apathy or dementia. The patient is lethargic, speaking only when spoken to. Vomiting is not common, owing to the distance of the affected part from the nucleus of the pneumogastric. On the other hand, optic neuritis may or may not be present, and headache is a constant symptom.

Glycerine in Diabetes.

Professor Bouchardat, from late researches on this subject, states that this drug, in subjects strongly attacked with the disease, seems to do harm rather than good, if their regimen be not also changed. In certain cases it acts more favorably, viz., if the quantity of glucose eliminated in the twenty-four hours is only small, when it aids the disappearance of the last traces; but it may be doubted whether this is or not a mere coincidence. In emaciated diabetics, or those suffering from habitual constipation, useful effects have followed its administration. He usually gives it in moderate doses, from a teaspoonful to two tablespoonfuls, in tea, coffee, white wine, or water.

Given in larger doses the glycerine is only partially absorbed, or a portion passes off in the urine. In glycosuric constipation, two tablespoonfuls with one of salt, as an enema, are often useful; and Prof. Bouchardat frequently orders chocolate, in which the sugar is replaced by glycerine.

Prevention of Arsenic Poisoning.

The poison most commonly used for criminal purposes is arsenic, its tastelessness preventing the victim recognizing it. In view of this Dr. Jeannel, of Paris, proposes that druggists shall sell arsenic to the public only when so combined that it immediately attracts attention when added, either by accident or design, to food. The plan has not been overlooked, for there is an officinal mixture in which the arsenic is combined with peroxide of iron and a small quantity of aloes, but it is not sufficiently characteristic, and he calls attention to a mixture termed Grimaud's mixture. This consists of one centigramme of iron sulphate and one of potassium cyanide to each gramme of arsenious acid, forming a light-blue powder. On being moistened, however slightly, it becomes of a rich blue color, whilst the taste is so distinctly chalybeate that it is impossible to overlook its presence in any article of food. It has the advantage of not altering or interfering in any way with the therapeutic properties of the arsenic.

Atheromatous Degeneration of the Arteries.

This degeneration, consisting of a thickening of the arterial coats, by the deposition of a yellowish substance, composed of earthy carbonates and phosphates, combined with fatty matter, while common to advanced life, has usually been supposed to be especially so in drunkards.

Some recent researches of Dr. Gubler disprove this. It is rather hastened by insufficient food. The rich who abuse themselves with alcoholic liquors remain free from it to a much greater age than the indigent who are sober. The monks of La Trappe, who fast severely and always lead a painfully abstinent life, are attacked with it at an early age, even at thirty years.

Water also has much to do with it. Such degenerations occur more frequently in calcareous than in siliceous regions, owing, no doubt, to the earthy salts held in solution by the drinking water.

Hydrocyanic Acid as an Antidote to Opium Eating.

In the January number of the Atlanta *Medical and Surgical Journal*, Dr. W. C Blalock reports three cases of confirmed opium habit greatly improved, and in one instance entirely restored, by the employment of hydrocyanic acid.

In some cases the acid is gradually reduced toward the close of treatment, while in others it is suspended at once, without inconvenience. The following is the form in which he gives the acid :—

℞.	Diluted hydrocyanic acid,	gtt.xlviij
	Simple syrup,	f.℥ij
	Water,	f.℥j
	Red aniline,	gr.xv.

Dose.—One teaspoonful at 7 A.M., 12 M. and 8 P.M. The red aniline serves no other purpose, of course, than to give it a beautiful red color.

Jaborandi in Hydrophobia.

In the *British Medical Journal*, January 5th, 1878, Dr. J. G. S. Cogshill proposes jaborandi as a remedy in hydrophobia, from observation of two cases of the disease in man. It is interesting to note that Dr. Cogshill was anticipated in this suggestion by the writer of the article on hydrophobia in Napheys' *Surgical Therapeutics* (p. 165), and from the same course of reasoning. It is to be hoped the drug will receive a fair trial in this generally fatal disease.

CORRESPONDENCE.

Vertigo.

ED. MED. AND SURG. REPORTER :—

I have had, within the last six months, two well-marked cases of vertigo and imperfect vision (and to the patients alarming), from the use every other day, for several weeks in succession, of Dean's patent rheumatic pills, supposed to be from the narcotic property of poke root, said to be in them. One patient had double vision and ringing in the ears. The other had a rapid whirling sensation in the head. Judging from these two well-marked cases, I think many cases of vertigo have occurred from the same cause, and the attending physicians have considered that the attacks were the result of disease of the brain. I thought so in my first case, until I had had the second one, evidently from the same cause. Both patients were large and fleshy, and past middle life.

N. L. FOLSOM, M.D.

Portsmouth, N. H.

Cold Locally, in Croup.

Ed. Med. and Surg. Reporter :—

In your estimable journal of March 2d, 1878, under the head of "The Ice Water Treatment of Croup," is illustrated a case which, in its results, so happily coincides with similar cases of my own, that I am tempted to offer this testimony in favor of cold applications in croup. I have never used the ice water, but I have used cold compresses, as recommended by Professor Niemeyer. On my first visit to a case of inflammatory croup, I order a sufficiently large cloth to be saturated with very cold water; I then wring most of the water out, and apply the compress with my own hands. The patients usually object to the first application, but in a short time they experience such marked relief that they will call for a second application. I order them continued incessantly. I have in almost every instance noted decided and immediate results from such treatment. It seems to have a tranquillizing effect upon the whole nervous system, the breathing becomes easier, and the patient soon drops into a quiet sleep. My experience with this disease is not very extensive, yet amply sufficient to dispel any doubts as to the efficacy of this plan of treatment. In connection with the cold applications, I give veratrum, potass., chlo., emetics, etc., as the symptoms indicate. I have used cold compresses in pneumonia, with gratifying results, and should a case of puerperal peritonitis present itself, I should not hesitate to apply cold water, by means of a compress, to the abdomen. In croup, the local application of cold is certainly a decided measure, and one of great utility. It deserves a trial at the hands of every one who is not experienced in its use. W. N. Sherman, m.d.

Attica, Ind.

News and Miscellany.

MEDICAL COMMENCEMENTS.

Jefferson Medical College.

The fifty-third annual commencement of this college took place on the 12th instant. The graduates numbered 203. Prof. Ellerslie Wallace stated that he was in receipt of a note from the Dean, Professor Biddle, announcing that, by reason of illness, he would be unable to be present, and requesting that gentleman to take his place upon the programme. In obedience to this request, Professor Wallace, with his usual dignity, then proceeded to the discharge of his very pleasant duty of announcing the names of the graduates entitled to receive the degree of doctor of medicine. This over, E. B. Gardette, m.d., president of the Board of Trustees, conferred the degree upon the following-named graduates:—

Pennsylvania.—James W. Abernethy, William M. Angney, Aaron H. Appel, George F. Arney, Herbert A. Arnold, Theodore S. Bachman, Cornelius Bartholomew, Norman G. Berkey, Wilson S. Berlin, Austin Best, George V. Bickel, Clement Biddle, Joseph H. Bittinger, Robert R. Bowman, Jacob H. Boyer, John Ely Bready, John S. Bryan, Abner C. Calvin, J. Moore Campbell, Hiram J. Smith, Edwin S. Smock, Gideon D. Spengler, Charles M. St. Clair, Thomas F. Stockdill, Julius Stricker, Samuel B. Talmage, Eli J. Thomas, James A. Thompson, John C. Thompson, Eli J. Zook, B. Frank Zerbe, Henry F. Worner, G. W. Wintersteine, Frank Winter, Irving D. Willtrout, E. T. Wilhelm, D. Emmet Welsh, James N. Walker, Daniel B. Holsburg, Charles B. Hough, D. E. Hughes, W. E. Hughes, David Hunter, S. A. Hunter, Robert P. R. Huyett, Alexander W. Jackson, Charles W. Karsner, Louis A. Kelly, Henry E. Keylor, Logan M. Kifer, Wilson L. Kutz, Thomas B. Leas, A. K. Lober Knight, John G. Lee, Henry C. Lessig, James L. Lowry, L. Lowengrund, J. Howard Lott, Robert P. Long, William E. Lloyd, James Lincoln, Samuel J. Liggett, Eli W. Martin, William B. Means, George V. Mears, John D. Mercur, John L. Millikin, Henry C. Chapman, T. Ellwood Conard, M. John Cummings, John C. DaCosta, Homer B Day, W. F. Decker, Jr., J. H. DeWolf, J. Dale Dillon, Michael A. Donnelly, Howard H. Drake, John H. Dripps, B. A. Emery, E. M. Emrick, M. R. Evans, William D. Fink, L. Webster Fox, Joseph Frantz, S. Fuller, Jr., Henry S. Funk, James E. Gamble, A. M. Gontner, John W. Gordon, R. E. Griffith, A. B. Harbison, M. A. Hengst, John D. Henning, George E. M. M. Herbst, Francis E. Himmelwright, Henry Morris, Jacob L. Mowery, David S. Moyer, U. S. Musser, Auley McAuley, M. D. McCandless, Samuel C. McClure, S. M. McCollin, John H. McMonagle, John W. Park, Charles H. Pollock, W. H. Randell, F. W Redeker, Thomas C. Rich, C. W. Richards, E. S Rosenberger, James W. Sampsel, N. Schenkel, C. H. Scott, H. T. Seasholtz, John H. Seltzer, Nevin B. Shade, George G. Shively, Amos H. Smith, and David D. Smith.

Illinois.—John E. Alvord, George W. Ellinger, William D. Hurford, E. B. Montgomery, F. D. Rathbun, John Postlewait, A. T. Wakefield, and H. M. McClanahan.

Ohio.—Edward S. Bell, C. T. Gale, John M. Hastings, J. H. S. Hutchinson, J. J. Owen, Charles F. Patterson, Benjamin S. Storer, J. D. Thompson, and J. M. Wilson.

West Virginia.—James H. Brownfield, W. K. Curtis, M. W. Glass, and Charles W. Smith.

New Jersey.—Walter C. Browning, Charles F. Fisler, Charles F. Goodno, Walter E. Hall, H. P. Hough, A. H. Hulshizer, William S. Jones, F. W. Oliver, Joseph P. Turner, James A. Walsmey, and Joseph M. Wells.

North Carolina.—Thomas E. Anderson, W. W. Farson, Wm. D. Hillard, and John C. McKenzie.

New York.—F. H. Carrier, C. L. Dodge, Le Roy Lewis, and E. T. Palmer.

Texas.—J. W. Cavitt and George P. Hall.

Kentucky.—Frank T. Davis, H. Horace Grant, J. W. Hill, J. T. Stewart, and C. T. Wallace.

Kansas.—Henry A. Brown.

Massachusetts.—U. H. Flagg, W. H. Judson, and Henry S. Knight.

Missouri.—Joseph R. Hamer, W. E. Lewis, A. B. Miller, Lambert Ott, J. W. Taylor, and H. W. Hermann.

California.—L. E. Hudson, John H. Lewis, and C. E. J. Sajous.

Delaware.—Harvey C. Kemble and P. W. Tomlinson.

Tennessee.—John C. Moore and G. C. Savage.

Indiana.—Frank O. Ferrell and John G. Stair.

Mississippi.—William H. Randle.

Maine.—Alton Sawyer.

Georgia.—William A. Thomas.

Minnesota.—Charles W. Tinker and Edward L. Mellus.

South Carolina.—Frank P. Walker.

New Brunswick.—William W. White and Robert L. Rotsford.

Washington Territory.—J. Francis Cropp.

Iowa.—Denison A. Hurst.

Arizona.—John Skilling.

Sweden.—Hubert F. Præger.

Canada.—John McSorley.

Ireland.—Joseph Martin.

Cuba.—Saturninus M. Jimenez and Juan J. Casanova.

Central America.—Rodolfo F. Herdocia.

Professor Wallace then awarded the following prizes:—

1. A prize of $100, by H. C. Lea, Esq., for the best thesis, to Menry Morris, of Pennsylvania, with honorable mention of the theses of John H. Seltzer, of Pennsylvania; G. E. M. Herbst, of Pennsylvania; F. D. Rathbun, of Illinois; F. H. Carrier, of New York; Le Roy Lewis, of New York; D. B. Holsburg, of Pennsylvania; and S. A. Hunter, of Pennsylvania.

2. A prize of $50, for the best essay on a subject pertaining to the theory and practice of medicine, or to physiology, to Daniel E. Hughes, of Pennsylvania, with honorable mention of the essays of A. B. Miller, of Missouri; Juan J. Casanova, of Cuba; E. L. Mellus, of Minnesota; J. M. Hastings, of Ohio, and W. H. Judson, of Massachusetts.

3. A prize of $50, for the best surgical essay or the best anatomical preparation, divided between D. D. Smith, of Pennsylvania, and Wickliffe K. Curtis, of West Virginia, with honorable mention of the essay of H. W. Hermann, of Missouri.

4. A prize of $50, for the best essay on a subject pertaining to obstetrics and diseases of women, or to therapeutics and materia medica, to Joseph R. Hamer, of Missouri, with honorable mention of the essays of C. E. L. Sajous, of California; Irving D. Willtrout, of Pennsylvania; H. M. McClanahan, of Illinois; W. M. Angney, of Pennsylvania; S. M. McCollin, of Pennsylvania; Joseph Martin, of Ireland, and David Hunter, of Pennsylvania.

5. A prize of $50 for the best essay on a chemical subject, to Clement Biddle, of Pennsylvania, with honorable mention of the essays of John H. Dripps, of Pennsylvania, and M. J. Cummings, of Pennsylvania.

6. A prize of a gold medal, by the Demonstrator of Surgery, for excellence in bandaging, to H. M. McClanahan, of Illinois, with honorable mention of C. E. L. Sajous, of California, and F. D. Rathbun, of Illinois.

7. A prize of a gold medal, by R. J. Levis, M.D., for the best report of his surgical clinic at the Pennsylvania Hospital, to Walter E. Hall, of New Jersey, with honorable mention of the reports of H. M. McClanahan, of Illinois; Henry Morris, of Pennsylvania; David Hunter, of Pennsylvania, and J. M. Hastings, of Ohio.

Dr. Levis, in presenting the last-named prize, spoke in the highest terms of the proficiency of Dr. Hall, as was evidenced by him in his report.

Medical Department of the University of Pennsylvania.

The commencement of this institution took place on Friday, the 15th. After the opening ceremonies, Professor D. Hayes Agnew, M.D., LL. D., delivered an address commemorative of the endowment of the John Rhea Barton Chair of Surgery and Clinical Surgery. The honorary degree of Doctor of Laws was conferred upon the Honorable John Welsh, envoy extraordinary, and minister plenipotentiary to the Court of St. James. Professor Charles J. Stillé then conferred the degree of Doctor of Medicine upon the following graduates:—

Pennsylvania.—Harvey N. Abbott, Arthur G. Allan, Hobart Allport, Thomas H. Baker, Eli S. Beary, William M. Bemus, Martin L. Bertolette, James H. Bissell, Samuel C. Blair, Homer C. Bloom, John S. Booneman, William C. Bovard, Christian H. Brown, John A. Capp, S. Morrow Crawford, Mercer B. Croll, John W. Crumbaugh, John B. Deaver, Clifton Dowlin, John M. Dunn, John K. Foulkrod, R. B. Glasgow, E. B. Gleason, F. M. Good, J. A. Hagerman, W. J. Hain, G. H. Halberstadt, W. E. Hallock, R. H. Hammill, H. D. Harvey, J. B. Heller, Jr., L. B. Hughes, E. Jackson, E. P. Jefferis, C. J. Kille, H. B. Lathrop, T. N. Leib, A. D. Leonard, J. B. Lewis, H. J. Linn, G. Littell, W. R. Little, J. H. Lloyd, W. S. Long, J. W. Macfarland, John Marshall, Truman J. Martin, Calhoun Megargee, D. J. Miller, Edwin S. Miller, George Miller, J. Wayne T. Miller, Isaac H. Moore, Casper Morris, Jr., Sterling Morrison, Walter A. Murphy, Peter McGough, Jr., Dennis L. McKinney, Charles F. Palmer, Emlen Physick, George S. Polis, Jr., George Price, Charles H. Reed, William Boardman Reed, Horace K. Regar, J. Paul Reynolds, Jacob L. Sandoe, Charles H. Saul, Frank Foster Scott, Clarence C. Seabrook, Charles M. Seltzer, William O. Smith, John C. D. Stauffer, Charles T. Steck, Oscar D. Swayer, John M. Taylor, J. Richard Taylor, Cyrus Trego, F. J. Wagenseller, James Wilson Walk, James Wallace, Thomas C. Walton, William G. Weaver, John B. Weston, Moses A. Yingst, Gustavus A. Zimmerman.

New Jersey.—Charles Bispham, Jr., O. B. Gross, H. A. Hutchinson, R. C. Hutchinson, C. A. Jewell, H. T. Johnson, James R. Miller, William H. Shipps, James D. Tautum, H. G. Wetherill, Frank E. Williams, Alexander Williamson, James H. Wroth.

New York.—Frank E. Maine.

North Carolina.—Kindred Baughm, Cornelius G. Bryan, T. B. Lawrence.

Nova Scotia.—J. Ross Smith, Howard D. Wilson.

Brazil.—J. de P. L. Barros, T. B. Gaston.

Delaware.—Presley S. Downs, T. F. Hicks, James B. R. Powel, Jr.

Maryland.—W. F. H. Edwards, W. C. Johnson, Franklin B. Smith.

Minnesota.—J. M. Harrison.

Illinois.—R. H. Harte, W. W. Jones, William M. Shultz.

Alabama.—H. P. Hirshfield.

Cuba.—Frank P. Ramirez.

Florida.—Richard T. Wethington.

Michigan.—H. C. Huff.

Ohio.—Leon B. Santee.

Turkey.—Hagob K. Nurian, V. Avedis Yeretzian.

Venezuela.—B. Morquera.

Wisconsin.—James Oettiker.

Wyoming.—Joseph C. Moore.

William Goodell, A.M., M.D., Professor of Clinical Gynæcology, delivered the valedictory address, and was listened to throughout with marked attention, both by the graduates and audience. It consisted mainly of advice to the young physicians, and set forth many obstacles they would necessarily encounter.

A handsomely framed portrait of Francis Gurney Smith, M. D., Emeritus Professor of the Institutes of Medicine, was presented to the University, on behalf of the graduating class. Dr. James W. Walk, a member of the graduating class, delivered the presentation address.

Professor Alfred Stillé, M. D., LL. D., received the portrait, on behalf of the University, in an appropriate address.

The exercises were closed with the benediction by Rev. Dr. Krauth, Vice-prevost of the University.

Women's Medical College.

The twenty-sixth annual commencement of the Women's Medical College of Pennsylvania was held Thursday, March 14th. At twelve o'clock the exercises proper begun by the entrance upon the platform of the corporators, faculty, students, and graduates, the orchestra at the same time performing a march from "Faust." Rev. Henry C. McCook offered prayer, and T. Morris Perot, Esq., President of the Board, conferred the degree of doctor of medicine upon the following ladies:—

Canada.—Charlotte L. Merrick.

Delaware.—Josephine M. R. White.

England.—Beatrice C. Gilchrist.

Massachusetts.—Ann M. Grace.

New Jersey.—Sophronia A. Tomlinson.

New York.—Jeannette B. Green, Edith M. Gould, Georgiana E. Young.

Ohio.—Ida Clarke.

Pennsylvania.—Emily B. DuBois, Mary I. Green, Rebecca C. Hallowell, Mary A. Henderson, Catherine E. McCord, Caroline V. Wiley.

Russia.—Vera F. Bary.

Utah Territory.—Ellie R. Shipp.

The valedictory address was delivered by Professor Benjamin B. Wilson, M. D.

College of Pharmacy.

The Fifty-seventh Annual Commencement of this Institution took place March 15th. The degree of graduate in Pharmacy was conferred on ninety-nine students.

The valedictory address was delivered by Professor John M. Maisch.

The Alumni Meetings

Of the colleges in this city were held last week. At that of the Jefferson Medical College, Dr. D. S. Connor, of Cincinnati, delivered the address. All the meetings were well attended, and a growing interest manifested in maintaining the associations.

Typhus Fever in Russia.

A St. Petersburg dispatch states that in consequence of an alarming spread of typhus fever at St. Petersburg many families are leaving the city. The number of fresh cases is estimated at between three hundred and four hundred daily. The fever was brought on the trains from the army. In many parts of the empire, no doubt, the same pest will appear, or has already done so. During and after the Crimean war it committed great ravages among the populations.

Items.

—A quantity of correspondence, queries, etc., is necessarily laid over this week, to make room for the reports of the Commencement.

—At the Clinical Department for Diseases of the Ear, under the charge of Laurence Turnbull, M. D., at the new Jefferson Medical College Hospital, over one hundred new and unusually interesting cases have been treated, twelve operations performed, and 550 daily visits made. The daily clinic, at 1 P. M., is free to such physicians and medical students as choose to avail themselves of the opportunities offered to increase their knowledge of aural diseases.

Personal.

—Robert D. McClure, who was convicted in December last of forging a diploma of veterinary surgery, was sentenced, in this city, to an imprisonment of nine months and a fine of $200.

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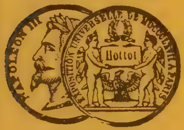

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Week Ending March 23, 1878.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1100.] PHILADELPHIA, MARCH 30, 1878. [Vol. XXXVIII.—No. 13.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ANTISEPTIC TREATMENT OF WOUNDS; THE MATERIAL USED, AND MODE OF APPLICATION.

BY J. W. DORA, M.D.,
Of Mattoon, Ill.

In the New York *Medical Record*, of November 17th, 1877, I read with great interest a report by A. C. Girard, Assistant Surgeon U.S.A., to the Surgeon-General U.S.A., giving a detailed account of Prof. Lister's antiseptic dressing of wounds, surgical and accidental, as he learned it from personal observations while visiting European hospitals. And while I, an unassuming member of the profession in America, should not and do not presume to criticise the practice of so eminent a surgeon as Lister, yet I will, in brief, with the indulgence of the readers of this journal, give to the profession the benefit of my (not very limited) experience in the method and management of all traumatic lesions, either surgical or accidental, during the past ten years, especially, illustrating with a few cases from my case-book, treated since the introduction of carbolic acid into the armamentarium of the surgeons of this country, since 1868 (or some ten years ago). While I am in perfect accord with the Lister theory, of bacteria being the bearers of the septic zymoid into wounds, producing putrefactive septicæmia, and that their exclusion from wounds favors healing, *per primam*, of all recent solutions of continuity, still, I have rather instinctively adopted a method of much greater simplicity, and much more available for country surgeons, and, in fact, for all surgeons under emergent circumstances, and in my experience, all that could be desired or attained by the peculiar Lister system of antiseptic dressings, viz., the use of the spray, the gauze, the McIntosh rubber, and the entire complicated paraphernalia of preventives to the entrance of septic germs into wounds, abscesses, etc., all of which my experience teaches me are superfluous (and morbidly vigilant), in private practice at least, as applied to ordinary wounds, amputations, compound fractures, etc., outside of infected hospitals.

Antiseptic means to oppose or avert sepsis, in contradistinction to the old antiphlogistic theory, which taught us that inflammation produced sepsis, and all concomitant results, pyemia, septicæmia, etc., and that the treatment of these should consist in cold water dressings, astringent and anodyne lotions locally, and of depletive and sedative remedies constitutionally, all of which were in vogue thirty years ago, when I first began the practice of surgery, and which is still legitimate and in general practice by those who have not adopted the modern theory of antiseptic surgery (which illustrates the old adage that an ounce of prevention is better than a pound of cure).

While the Lister system may be, and doubtless is, admirably adapted to hospital practice, where every desired facility is afforded, both as to material, nurses, and competent internes, yet, as I before remarked, the dressing process is too much complicated for general and extempore use. All surgeons, in these days of progress, aim to treat wounds upon the antiseptic principle, in preference to the former practice of granulation and suppuration; yet the modes are multiple; some treat upon the open plan, others upon the entire exclusion principle, and some upon the compromise plan, of exclusion with frequent dressings, and all employing the same zymotic destroyers. While the advocates of the different modes claim equal immunity from pyæmia, gangrene, excessive sloughing, etc., I have myself, twenty-five years ago, obtained good results from the old method of combating putrefaction in open wounds by the use of potassa permanganate, chlorinated soda, chloride of zinc, and bromine. But I have been very much better pleased with the truly antiseptic preventive method, since I adopted it, many years since, in the simplified manner in which I employ it, viz., by hermetically closing all wounds, and excluding bacteria therefrom, similar to the Lister system, which I will now briefly describe.

I made my first attempt to heal an amputated stump, *per primam*, in June, 1868, upon the strict antiseptic plan. The case was an amputation of an arm, near the shoulder joint, and the subject was an adipose (lager drinking) German, 48 years of age, whose arm was crushed at the upper third by a railroad accident, which compelled me to amputate at a point about two inches below the head of the humerus. The weather being sultry, with a prevalent septic tendency in the atmosphere at the time, and knowing that I had no room to spare for much sloughing of flaps, which, if it did occur, would necessarily require disarticulation at the shoulder joint, which is always more hazardous than ordinary amputations, and having had some experience with carbolic acid as an antiseptic, I was tempted to try the experiment of closing the stump hermetically with sutures, adhesive plaster and carbolized wadding (cotton), in the following manner. I will premise by stating that, after securing the arteries with braided suture silk, well waxed, and removing all superfluous tissue from the flaps, as well as all spiculæ of bone, and rasping off the sharp corners of the same, which is an all important element of success in any and all cases, whether union by first intention is sought or not, the stump was then thoroughly sponged out, for fifteen minutes, with a ten per cent. aqueous solution of carbolized water, until all bleeding had ceased, and the surface of the flaps were blazed and bleached by the carbolized sponging. I did not then, as I do now, carbolize my surgeon's silk, used as sutures and ligatures; nevertheless the results were as good as since that precaution has been adopted. The next step was to unite the flaps evenly with interrupted sutures, bringing the lips of the wound in perfect coaptation, and then again sponging, to remove all exudation from the stump, with the antiseptic solution, before applying the adhesive strips, which consisted of a compound rubber plaster, then recently introduced, manufactured at Lowell, Mass. (which I have ever since used); the strips were cut an inch wide, and were applied overlapping each other in every direction, so as to hermetically close the stump, and exclude the atmosphere of itself. I now proceeded to apply the carbolized cotton; I took clean, new Taylor's wadding (white), and cut it into the Maltese cross, different sizes, first to extend a short distance above the flap, then others, of larger size, to overreach those immediately over the wound. The smaller-sized cotten crosses were covered on the external surfaces, each of them separately, with a glycerate of carbolic acid, ten per cent. strength, and applied with the carbolized surface outward, until six layers were used, neatly adjusted and secured by a few turns of narrow roller, to hold them in position; next the larger layers were applied, treated in the same manner, extending up well into the axilla and over the shoulder, then secured by a figure-of 8 bandage around the opposite side of the neck, thus completing the dressing, and in this condition the patient was left for ten days, watched and scented closely every day, in order to detect the smell of putridity, but detected nothing but the carbolic acid smell. I removed the dressings on the tenth day, and found complete agglutination of the flaps, without a drop of pus; no fetor at all. Removed the stitches entire and tried the ligatures, but the one over the brachial held fast. The stump was washed with a five per cent. solution of the antiseptic, and dressed as before, with this exception, viz., there was only about one half as many layers of carbolized wadding used, and that of only one-half the strength as at first. I then felt secure in trusting the case for another ten days, at which time I found the stump completely healed, with no pus save a few drops of watery secretion passing out by the side of the ligature which still clung to the brachial artery, and continued to remain for over sixty days.

After this time the dressing consisted of simple cerate, which the patient applied himself.

I was, of course, very much elated with the success attending this experiment, but feared that this case was a mere accident, and attributable to good luck only, as I had not at that time seen a single report of similar treatment of wounds; therefore I awaited another opportunity, which was afforded in about sixty days (in August) in the case of a boy, eight years old, the son of Mr. P. H. K. This was also a railroad accident, the lower leg being run over by a car wheel, crushing off the limb at about its middle. I amputated, three inches below the knee, and dressed it in the same manner that Case 1 was treated, with equal success. In September following I performed three amputations for railroad accidents, all of which were of the lower leg, at the upper third of the tibia. One of the cases was a double amputation, or both legs, below the knee, in the person of a son (twelve years of age) of Rev. Mr. M., of Nioga, Ill.; the boy was very anæmic, from chronic ague. When I saw his bloodless, sallow-looking appearance, I entertained very little hope of his surviving the operation, but he endured the operation tolerably well, yet reacted very slowly from the anæsthetic, but ultimately, after four hours' stupor, he roused up and talked to his father. In addition to the existing malarial anæmia the boy lost a large amount from hemorrhage. This case was treated in the same manner as the foregoing, and would have healed by first intention, in both stumps, if the physician in whose charge I left the patient had carried out the treatment. But he was incredulous, and did not think it safe to leave on the primary dressing as long as ten days or two weeks; he therefore removed the dressings in six days, and did not follow out the treatment properly in his subsequent dressings; and yet he reported to me that one stump healed by first intention, and that there was only a small slough in the flaps of the other, not larger than a fifty cent piece, and that he had but little trouble in healing that by granulation.

I do not desire to occupy time in speaking of the constitutional treatment of these various cases. Suffice it to say that appropriate tonic and restorative remedies are prescribed to meet existing indications, together with a generous diet always, there being usually nothing in the constitutional symptoms to contraindicate such a regimen. I could enumerate scores of cases of wounds of all kinds, from amputated fingers and toes, up to ovariotomy, which I have treated upon the antiseptic plan during the past ten years, with the most satisfactory results, without ever having yet employed an atomizer of any kind. But my experience has been confined to private practice outside of populous cities, and it is particularly in amputations, compound fractures, extirpation of tumors, carcinomatous mammary glands, etc., that I claim for my mode of treatment simplicity and availability for country practitioners, and all others, under emergent circumstances.

The last amputation that I performed was on the 4th of January of this year; it was the lower arm at the lower third (Mr. L. M., of this place), for rodent ulcer of the wrist, and the stump was entirely healed within ten days.

NOTES ON SOME OF THE SUBACUTE PHLEGMASIÆ OF THE PELVIS AND ABDOMEN.

BY A. H. MELLERSH, M.D.,
Of Philadelphia.

Having on numerous occasions watched the course of the above class of cases, occurring as complications and as primary affections, I feel certain that these pathological conditions are often overlooked. Having also experienced the surprise of making the diagnosis of chronic peritonitis first at the post-mortem table, and knowing that this experience is not unique, I thought a few notes on this subject would not be uninteresting.

Mrs. K., aged 34, residing in the country, general health having been good, mother of two children, last child two months old, version having been performed for delivery of last child. She made, apparently, a tolerably good recovery, and did her household work for two weeks, but still complained of not feeling well. Five weeks after the confinement she was compelled to take to her bed again. She was seen by two physicians, who considered her to be suffering from typhoid fever. She came under my notice two months after the confinement, and about three weeks from the time of the second sickness. I made what I thought a careful examination, and as a result considered I had a case of typhoid fever to deal with, which disease was very prevalent in the neighborhood. There was slight pain on pressure over the right and left iliac fossæ, tongue coated and dry, diarrhœa and constipation alternately, very variable temperature, pulse small, and mental condition very apathetic. She was put upon the mineral acids, with quinine and iron pills, and occasional wet packs, which seemed to give her much relief. The case, however, not doing as well as was hoped, and remembering the history, I was led to make a vaginal examination, and discovered an abscess in the posterior cul de sac, which eventually opened into the vagina. The treatment was modified to meet the case, but the patient, after lingering for about two months, succumbed, dying, apparently, from septicæmia and asthenia.

A post-mortem examination revealed peritoneal cellulitis with suppuration; the peritoneum bore marked evidences of extensive subacute peritonitis.

N. P., a Swede, in good health, became thoroughly intoxicated, in a town seven miles from home; he was brought home by some companions, in an open wagon, the temperature being below the freezing point; on the way home he fell into a creek. The next day he suffered from retention of urine, for which he was catheterized; the retention now gave way to incontinence, and the symptoms in the vesical region continued to increase, with severe pain and tenesmus; the bowels were constipated. On seeing the case a week after inception, I found the temperature 102°, pulse in proportion; intense vesical pain, quite circumscribed, the pain increasing at each contraction of the bladder, which occurred very frequently. The hand being placed on the hypogastric region, the bladder could be felt, round, hard, and contracted; no pain on pressure in the inguinal or umbilical regions. Morphia was given, and poultices were applied, with much relief; the tenesmus stopped, and the bladder retained a small quantity of urine; but the symptoms assumed a low asthenic type, and the patient died about a month from the date of the commencement of the disease.

Necropsy.—The bladder contracted and hard, walls very thick, the peritoneum showing evidences of severe peritonitis; there was an abscess in the ischio-rectal fossa.

I. N., of strumous appearance, was exposed to severe cold at the time of the menstrual discharge. I can sum up the course of the disease by saying that it presented almost all the symptoms of typhoid fever, with the exception of the rose spots; the tenderness on pressure was slight, and there was no diarrhœa. The case died in about eight weeks. The necropsy revealed the evidence of a subacute peritonitis; the mesenteric glands were not much involved.

In the first two of these cases the peritonitis was, no doubt, to a certain extent secondary, but the effect of the peritonitis on the termination of the case was primary. In the third case the peritonitis had no serious complication. I believe these subacute conditions are always accompanied by adynamic symptoms, or what I may perhaps be allowed to call typhoid symptoms (although they are not distinctive of typhoid fever). This similarity to typhoid fever is not to be wondered at when we remember the close proximity of the tissues involved in both diseases.

The history of the case, the usually greater diffusion of the abdominal tenderness, the absence of the rose spots, the frequent absence of diarrhœa, the chills, and excessive diaphoresis, sometimes assuming a remarkably periodic type, the frequent presence of greater tympanitis, and in females sometimes the result of a vaginal examination, might serve as guides to the diagnosis between typhoid fever and subacute cellulitis and peritonitis.

In this connection I find, on referring to Dr. Flint's Practice of Medicine, that he writes in very strong language thus: "It must be difficult, if not impossible, to determine the existence of partial peritonitis not connected with an affection of the parts covered by the inflamed peritoneum," and Dr. Thomas writes, in his Treatise on the Diseases of Women, "Cellulitis and peritonitis complicate each other," and "circumscribed pelvic cellulitis is very commonly overlooked."

It would then seem necessary to use the greatest caution in diagnosing typhoid fever occurring shortly after pregnancy. There may also be an embarrassing resemblance to remittent fever, especially if there are remittent pyæmic rigors. The symptoms are often very obscure, when, as very frequently happens, localized peritonitis occurs as a complication of phthisis pulmonalis. It is generally of the utmost importance to diagnose these conditions early, but those who look for marked local symptoms will usually be disappointed.

These facts are platitudes to some, but I think the practice of many physicians will prove they are often not sufficiently heeded.

CORROSIVE SUBLIMATE IN DYSENTERY.

BY CHARLES H. HALL, M. D.,
Of Macon, Ga.

A married woman, of twenty-eight, applied to me through her husband. For two months she had been daily having from ten to twenty straining, painful operations, fæces sometimes natural, yet afterward mucus and blood; and again fæces soft, mucus and blood intermixed. He represented that she had no fever; may possibly have had some in the beginning; she was weak; had no appetite and suffered continual pain. Had been treated by a physician with castor oil, frequently repeated; as a purgative, opium, etc. I gave him one-half grain of corrosive sublimate, dissolved in eight ounces of water. Directing that she should take four teaspoonfuls from this each day. He reported in one week that his wife was very much better, but still had four or five actions each day, and very much of the same character. I continued the mercurial, same dose, and directed five grains of sulphate of copper in a pint of water, to be used twice daily by enema. Reported in a week that his wife was well.

A negro man, of fifty, came to me 1st of January, 1877. For six months he had been troubled each day with teasing desire to stool, and would pass mucus and blood at each effort; no fever; considerable emaciation. Tongue was so coated with tobacco that I could gain no information from its appearance. There were no piles; neither had been. He had taken castor oil, opium and other medicines, as prescribed. My diagnosis was catarrh of rectum. I gave him one grain of corrosive sublimate in a pint of water, directing him to take a teaspoonful every two hours. He reported in a week, saying he was much better than he had been for months. Continued treatment; met him accidentally one month afterward; he said he was entirely well and working every day.

November, 1876. A lady, of 26 years. For eighteen months she had suffered with frequent discharges from her bowels. For days she would have small, frequent, and intensely painful discharges of mucus and blood. Suddenly these would cease, and she would have large, very thin and offensive actions, and these very frequent. She was greatly emaciated, her tongue reddish, very smooth, something like the surface of a glass. Her appetite was variable, sometimes morbid, and then again having a loathing of all food. Her abdomen was tender and flat. She was up, and attempting to keep house, but very feeble. She had been under various treatments, lay and professional; was convinced that no good would result from any treatment; especially averse to "bad-tasting medicine." Diagnosing a chronic catarrhal condition of whole alimentary mucous membrane, I prescribed one grain of corrosive sublimate to a pint of water, teaspoonful every two hours; five grains of salicin three times a day. To have, per anum, an injection of sulphate of copper (five grains to a pint of water). Salicin was discontinued after one week, and the corrosive sublimate continued for three weeks longer.

In January, two months after my first visit, she had gained flesh wonderfully. Her actions were free from blood and mucus, and had been for four weeks. In twenty-four hours she would have from two to five rather loose actions. Abdomen was no longer tender. She was very much stronger, and very hopeful of final cure. Bismuth and a tonic were prescribed. 1st of March she reported herself well.

A girl of eleven years. For months she had had an affection of the bowels; was very pale; had lost much flesh; appetite variable and capricious. She would have a natural-looking action, but accompanied with great pain, and around the fæces mucus and blood. This probably once or twice in twenty-four hours, but all through the day and night, as much as fifteen or twenty times, she would have small discharges of nothing but mucus and blood. with great straining and pain. She had been treated by many doctors. I examined her rectum, but could discover no fissure, ulcer, or piles. Diagnosing a chronic catarrh of rectum, prescribed small doses of mercury and chalk; and as her digestion was imperfect, pepsin, ten grains with each meal. She soon evidenced improvement, and in three months was dismissed perfectly well.

A lady, about twenty-five, had been three weeks sick with rheumatism; was taken with an intercurrent dysentery; stools very frequent, slimy and bloody; great tenderness. I found her taking laudanum very freely. She was the patient of another physician; he being called out of town, I was called in. I stopped the laudanum and the rheumatic remedies; gave her one hundredth of a grain of corrosive sublimate every two hours. In twelve hours she was greatly relieved, and in forty-eight hours had no further trouble.

A quadroon woman, of twenty or twenty-five years, had been sick three days, discharging from her bowels blood and mucus, with a great deal of tenesmus, considerable tenderness over the whole abdomen, high fever. Prescribed castor oil, quinine, as an antipyretic, twenty grains in two doses. Turpentine stupes over the abdomen; laudanum to be given as soon as oil acted. Next day my patient was no better in any particular; oil had acted, laudanum, etc., been given. Continued quinine (eighteen grains in two doses); ordered one-half grain of corrosive sublimate in half a pint of water, teaspoonful every two hours. Next day fever was not quite so high, dysentery possibly slightly better, discharges not so frequent and tenesmus not so distressing. Continued quinine and corrosive sublimate. Fourth day—Temperature normal; tenderness over abdomen greatly improved; reported only two actions since last visit, much more fecal in character. Stopped quinine, continued mercury. Patient had no further trouble.

These cases are taken from my case-book, to illustrate the efficacy of "small and frequently repeated doses" of mercury in this disease. There cannot be any doubt of the success, in the great majority of cases, of this method of treatment. I could furnish records of many more successful cases, and a few unsuccessful ones, treated in this manner. My success so far has been very gratifying, greatly preponderating. Ringer, who advises it in his book, deserves no credit for it except for popularizing it. Any one curious on the subject of his small doses, not only in this disease, but in almost every other one of his recommendations, has only to refer to homœopathic works and find that he has plagiarized. Take up any one of their works, even the domestic manuals of twenty-five years ago, and you will find corrosive sublimate put at the head of the list of remedies in dysentery. Although a regular physician of the strictest sect, I believe we should give credit even to irregulars where they deserve it.

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—The Russian *Gazette of St. Petersburg* states that the students of the University and of the Academy of Medicine of that capital purpose to found an Office which will undertake the duty of finding occupation, in teaching or otherwise, for the poorer students.

Hospital Reports.

BELLEVUE HOSPITAL, NEW YORK.

CLINICAL LECTURE BY PROFESSOR LEWIS A. SAYRE.

To which is added an Instructive Case of Hip-joint Disease.

REPORTED BY P. BRYNBERG PORTER, M.D.

Club-foot, with Congenital Angular Curvature of the Spine (?).

Case 1.—The first case which I show you to-day is an infant, three weeks old, which I saw for the first time only a few moments ago, and about which I know very little. When it is undressed, however, you at once perceive that it has a very serious and unusual deformity of the legs. They cross each other, and are completely folded up, one thigh lying directly across the other. The left foot comes up across the abdomen, and the right foot over the left thigh. The muscles are found to be very rigid, but by making traction upon them very gradually and with great care, I am able to unfold the limbs, and when this is done you see before you a very bad case of talipes varo-equinus. You notice the marked change in the color of the feet when I make this pressure upon them. The increasing whiteness shows that the circulation is interfered with to no little extent, and if this were kept up for any length of time we should undoubtedly have sloughing result. When I release the feet, it is a remarkable fact that they are already considerably straighter than they were, and from this I would impress upon you a very valuable lesson, viz., never to let a patient with club-foot leave the room until you have restored (or as nearly as possible restored) the deformed member to its natural position, by slow and continuous pressure. This is the very worst variety of varo-equinus; and yet, you see, by gradually making traction upon the feet, I can make them very much straighter. When such a contrast is produced in only three minutes, you can readily see that after an hour's judicious manipulations they could be made almost perfectly straight. I should advise the physician having the case in charge to do what you have just seen me do (except to keep the traction up a little longer), every day for a short time, and then to apply to each foot a piece of sole-leather which has been soaked in water so as to make it pliable. This can be readily bent to the required shape, in which it will harden, and so maintain the foot in the improved position. In a few days the foot can be made still more nearly straight, when the leather splints should be again wet and adapted; and so this process may go on until a complete cure is effected.

But besides the club-foot, there is another very interesting feature about the case, and this is something which I never saw before; what appears to be an angular curvature of the spine at the junction of the dorsal and lumbar vertebræ. The attending physician says it is congenital, and he has been of the opinion that the contraction of the legs and feet was due to this cause. I confess that I do not fully understand the case. There is a considerable amount of motion at the point of prominence, and it is possible that this may be an instance of arrest of development, not amounting to spina bifida, but still characterized by a deficiency in one of the vertebræ. I should hesitate to manipulate the parts very freely, therefore, for fear of producing pressure upon the spinal cord; and I would advise that the child should be kept constantly in a recumbent position, and that its back should be protected from injury by a piece of sole-leather bent to the required shape.

Case 2.—This is the little boy from North Carolina, eight years of age, who, you will remember, came to us wearing what was called a "Sayre's shoe," but which, as I showed you, was doing a great deal more harm than good. About four weeks ago I operated upon him, finding it necessary to sever the unnaturally contractured* muscles. I expected to have had a shoe of proper construction (that is simply, an ordinary shoe with an elastic band attached), for him to put on to-day; but, unfortunately, it is not yet ready; and I have brought the case before you simply to show the advantage of overcoming the deformity entirely at the time you do the cutting. All that he needs now is a little more muscular power to move his foot, and that he is rapidly gaining. To assist nature, electricity and hypodermic injections of strychnia, besides frictions and shampooing, may be employed; and in the meanwhile the elastic attached to the shoe will compensate for the deficient power of the muscles.

You will remember that I had to make a section of the tendo-achillis in this case. There was not a drop of blood lost at the time of the operation, nor has there a drop of pus been formed since. Although such a brief period has elapsed, he has already gained a great deal of power; so that, as you see, he is able to walk about with entire ease. The tendon that was severed now works very nicely, and the gastrocnemius is becoming more and more useful every day.

Case 3.—Here is the little fellow from Bermuda, who came to us about three and a half weeks ago with his feet folded in, like those of the infant whom I showed you first to-day, and wearing an iron instrument, which had produced a gall upon one of them. Yet to-day, as you perceive, he can walk all around, as finely as anybody. In the treatment of club-foot I have gained a vast amount of time since I have adopted the plan of completely restoring the deformed limb at the very commencement. When section of a tendon or of fascia is necessary, it is done subcutaneously, in order to keep out the air and to avoid suppuration, and then I immediately restore the foot to its natural position, and fix it there while the patient is still anæsthetized. By this means the exudation which is poured out between the severed ends of the tendon, instead of undergoing suppurative degeneration, as it would if the part was not hermetically sealed up, undergoes organization; so that perfectly healthy tissue is formed, and the whole tendon is rendered useful for sustaining the force brought to bear upon it by the powerful muscles attached to it.

The ordinary plan, which I formerly employed, and which is still followed by many, is to make a subcutaneous section and afterward leave the foot in its deformed position. Then, when the parts are sufficiently healed, some form of apparatus is applied, such as Scarpa's shoe or Stromeyer's foot-board, by means of which (by turning a screw a little more every day) traction may be made upon the foot in such a way as not to sever the cut ends of the tendon which have become united by exudation, but to stretch the exuded material which has been thrown out between them. My impression is that by thus elongating this newly-organized structure you so diminish the power of the tendon as to render it almost useless, and, at all events, you cause your patient an untold amount of suffering; so that I do not wonder that many practitioners have given up the treatment of club-foot in disgust. For years, now, I have abandoned this old method, and I certainly have abundant reason to be satisfied with the results which I have obtained by the other plan of treatment. In that which I now employ the patient suffers no pain whatever, and has no trouble of any kind; whereas, when I was in the habit of using the appliances of Stromeyer and Scarpa, I met with constant difficulties, and caused my patients to suffer the greatest agony by thus keeping up a constant strain upon inflamed tissues.

Subcutaneous Section of the Tendo-Achillis and Plantar Fascia.

Case 4.—This girl, eight years old, is the subject of marked equino-varus in both feet; the equinus being the most important feature of it. By using some little force, gradually applied, you see that I bring the left foot up

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*By *contractured* I mean a muscle that has undergone structural change, and cannot be stretched or lengthened without severing its fibres, either by the knife or by force. (*Sayre on Club-foot*).

The law which is of universal application, in deciding whether in any given case we shall be compelled to resort to tenotomy, is the following: Place the part contracted as nearly as possible in its normal position, by means of manual tension gradually applied, and then carefully retain it in that position; while the parts are thus placed upon the stretch, make additional point-pressure with the end of the finger or thumb upon the parts thus rendered tense, and if such additional pressure produces reflex contractions, that tendon, fascia, or muscle must be divided, and the point at which the reflex spasm is excited is the point where the operation should be performed. If on the contrary, while the parts are brought into their normal position by means of manual tension gradually applied, the additional point-pressure does not produce reflex contractions, the deformity can be permanently overcome by means of constant elastic tension, and the more you cut the greater will be the amount of damage done. (*Sayre, Orthopœdic Surgery.*)

into position; though the heel, never having been walked upon, is undeveloped and very small. There is no reflex spasm excited by making pressure at any point upon the tendon when in a state of tension. With the right foot, however, the case is different; for when it is put upon the stretch, we get contractions, through reflex action, by making pressure upon both the tendo-achillis and the plantar fascia. The extensor proprius pollicis pedis is the only muscle that is of any service whatever in the way of extension. While the patient is being anæsthetized, we will prepare the simple apparatus which is all that is necessary in the case. First we take a piece of cigar box which is much wider than the foot, and padding it carefully with cotton, we wrap it with a wide piece of adhesive plaster, commencing at the part of the board which is to rest against the ball of the foot, and leaving a long strip free, by which extension can be kept up. At the back part of the splint, and at right angles to its long diameter, another strip of plaster is attached, in such a manner as that its ends will cross upon the instep, and so assist to keep the dressing firm. With a small tenotome I now proceed to make the section of the tendo-achillis, which cuts almost like bone; and as adhesive plaster is applied immediately, there is no hemorrhage at all. That it is undoubtedly necessary to sever the plantar fascia also, is plainly shown by the fact that, notwithstanding the complete anæsthesia, the patient gives evidence of reflex spasm when pressure is made upon it, the parts being on the stretch. This having been done, I bring the foot at once into the normal position, and in doing this I draw the two ends of the cut tendons as far apart as I intend them ever to go. It is then ready to have the apparatus applied, and I am very careful to put plenty of cotton under the ball of the foot, so as to avoid the danger of sloughing. The foot-board is held in position primarily by the strips of plaster passing from the heel up on the instep, and then by a roller bandage, which is continued up the leg. When this has been put on about half way up to the knee, the foot being brought to a right angle, the upper part of the wide strip of plaster coming from the toes, for extension, is included in its turns. In young children the roller should be carried part way up the thigh also, in order to give greater purchase to the adhesive plaster; but here it will be necessary to go only as high as the knee, reversing the plaster at that point and carrying the bandage back over it. No extra guy is needed in this case, and now, you see, the patient is all fixed and ready for transportation. If it were a case of varus, we should use another strip of plaster, making extension upon the outside of the foot; and if of valgus, one making extension upon the inside of the foot. If the adhesions take place in the manner which I anticipate, the child ought to be walking about in three weeks.

Before dismissing the subject of club-foot, I wish to say a word in regard to the adhesive plaster, which constitutes so important an element in its treatment. Since the death of Mr. Hegemann, of this city, twelve years ago, I have not been able to get any plaster that was at all good, and I was in great straits until I met with that prepared by Mau, of London, which is an excellent article. Ever since I first tried it I have used it constantly, up to the present time; but quite recently I received some very good from Wyeth & Brothers, of Philadelphia, and I hope that in a short time you will be able to get all that you may require from them.

Hip-joint Disease—Second Stage.

This little boy, eight years of age, has been brought to me for diagnosis, by his father, a clergyman in Pennsylvania. He has been suffering for two and a half years, and a number of opinions have been expressed in regard to the case. The physicians who have seen him seem to think that it could not be hip-joint disease, because there has never been any scrofula in his father or mother, and because he was a pretty stout-looking boy himself. Having stripped him now, and making him stand erect upon the table, with his back turned toward you, you will notice that the gluteo-femoral crease is lower, and not so distinct on the left side as on the right, and that the left foot is everted. We conclude, therefore, that it is a case of hip-joint disease, and one which has reached the second stage, the eversion being undoubtedly due to effusion into the joint. The ilio-femoral ligament, you know, is finally attached to the capsule, and the latter, which ordinarily contains a very small quantity of fluid, is unfolded by the effusion, and thus the limb becomes abducted and rotated outward. You observe that the patient does not stand erect, but that the pelvis is twisted, because the weight of the body falls on the sound side; while the thigh on the affected side is flexed, on account of the effusion in the joint.

When diseased hip has gone on to the extent of producing suppuration, and reached distortion, anybody can find it out; but here is a very healthy-looking boy, and a careless observer would scarcely detect that anything was wrong with him, particularly if he were lying down upon a soft bed. But such a patient should always be laid upon the floor, or a hard table, with simply a blanket over it, and this is the method of making the examination when he is in the reclining position: In the first place it is essential that all the spinous processes of the vertebræ should touch the table, and that the pelvis should be in such a position that a line from the centre of the sternum over the umbilicus to the centre of the symphysis pubis will cross at right angles a line drawn from one anterior spinous process to the other, or, in other words, that the perpendicular and horizontal axes of the pelvis should be at right angles to each other. Then, if there is no disease about the hip-joint, both limbs can be brought down until their whole posterior surface, including even the popliteal space (which renders them straighter than is natural), is in contact with the table, and yet the spinous processes of the vertebræ will still remain in the same position. If, on the other hand, there is disease of the hip-joint, the spine will become arched when the limb on the affected side is forced downward, and the angle with the table at which this is found when the vertebræ first commence to be lifted, shows the degree to which the disease has advanced. Now, in the present instance, when I press the right limb down upon the table, even until the popliteal space touches it, the spine remains undisturbed; but in treating the left limb in the same manner, I find that as soon as an angle of about forty-five degrees is reached, the back begins to leave the table, and if I continue to force it down until the popliteal space touches, you see that it becomes bowed in the most extraordinary degree. But you will, no doubt, recall the case of psoitis which I recently showed you, in which there was the same arching of the back. How, then, are we to distinguish between the two? The point is this: in psoitis there is no eversion of the foot, and where this is present, together with the arching of the back to which I have called your attention, you may be sure that you have a case of hip-joint disease to deal with.

If I make motion of the limb without holding the pelvis stationary, I give the patient no pain, because the whole pelvis moves with it. The joint is locked, as it were, by the rigidity of the muscles, which he has to keep up, in order to prevent motion in the diseased articulation; so that he is constantly on guard for the purpose of protecting it. If, however, in spite of his efforts to resist, the pelvis is held immovable, and motion without extension is then made with the limb, it will cause him agony. On the other hand, if I take him by the knee and make extension in the line of the deformity, at the same time slightly everting the limb, I give him great relief. Dr. Aldin March, of Albany, was the first one to give us clear ideas of the pathology of this disease; and the profession is certainly greatly indebted to him therefor. In many cases an inflammatory destruction of the joint takes place without the formation of abscesses or other evidences of diminished vitality. This case being in the second stage, the least attempt at inversion inevitably moves the whole pelvis, while, if I hold the pelvis still and make gentle extension, I can make moderate movements, but am unable to produce inversion. This shows that the effusion in the joint is the first thing to be overcome in the treatment. As we have seen, as long as extension, though very slight, is kept up, the patient feels no pain, and therefore, he ought to be put to bed, and have some means adopted for making gentle extension in the line of the deformity. A blister should be applied over the seat of the joint; but when the capsule is very full it sometimes becomes necessary to puncture it, and this is one of the most difficult and delicate operations that I know of, to perform in the proper manner. It is to be done in the following way: The patient having been completely anæsthetized and laid on the well side, the puncture should be made with a very short pointed trocar, just behind the trochanter major, the precaution having first been taken, of directing the carbolic spray upon the part. A short pointed trocar should be used, because the canula ought not to enter the joint more than a sixteenth or an eighth of an inch; and the trocar should be withdrawn just as soon as it has penetrated the capsule. The assistant, in the meantime, should be constantly rotating the foot, in order to wring out the joint, as it were, and thus cause the extrusion of all its contents. It is important, moreover, that the limb should be held in this position until the wound has been hermetically sealed, when it should be immediately fixed permanently in the same position, by means of plaster-of-paris, or some other appropriate dressing. It will thus be seen that a great deal depends on the efficiency of the assistant; but if the above plan is properly carried out in all its details you will be almost certain to avoid constitutional disturbances, which might otherwise occur in a very marked form.

On examining this boy more carefully, I find that there is another difficulty present, which is, in all probability, the indirect cause of the hip joint disease, and that is an adherent prepuce, with contraction. As a consequence of this, he suffers from constant priapism and reflex spasm, and his father informs me that when he was a little younger he was all the time tumbling about, in the most unaccountable manner, so that it was, no doubt, in one of these falls that he received the injury which eventually resulted in the diseased hip. As soon as the effusion is sufficiently reduced, the long or short splint will be applied, according to circumstances, though it is likely that the short one will answer every purpose here.

The Color of the Retina.

Probably the most interesting discovery of the past year in physiology is that made by Boll, that the retina possesses in health a peculiar red color, which is constantly being destroyed by the influence of light, and is as constantly being regenerated by the ordinary processes of nutrition The "vision red" or "erythopsin," as its discoverer names it, attains its maximum after a night's rest and sleep, or when an animal has been kept for some hours in darkness; it is soluble in solutions of the biliary acids and in glycerin, and probably plays a part in the production of the red reflection from the fundus of the eye seen on opthalmoscopic examination, as well as, in all probability, in the ordinary acts of vision.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Treatment of Delirium Tremens.

Dr. John Curnow, Professor of Anatomy in King's College, London, says on this subject, in the *Lancet*:—

Delirium tremens must be differently treated in the young and in the old. In first attacks in young subjects complete abstention from alcohol, light and easily assimilated food (milk diet), moderate purgation, and occasionally tartarated antimony in doses of from one-sixteenth to one-eighth of a grain, very carefully watched, have been most efficacious in my hands. If the patient is restless for two or three nights in succession, thirty grains of bromide of potassium, or twenty grains of chlorate hydrate, may be given every four hours for two or three doses; but as the disease in young people is spontaneously curable, sedatives must not be pushed. One or more experienced attendants should be always present, but no form of mechanical restraint is permissible, for it always shows a lack of proper attendance.

In older cases a mild purge should begin the treatment, and light but very nourishing food should be administered at short intervals. Milk, beef tea, raw eggs beaten up with milk, strong soup, and such articles, are to be given freely, and very small quantities of stimulants may be occasionally put into them, so as to coax the patient to take them, when, by careful management and good nursing, a very severe attack may be tided over, and natural sleep will return in from three to seven days. I remember one case in which the patient could not be induced to take food, but he took his medicine freely—viz., sixteen to twenty ounces in twenty-four hours. This was a mixture of Brand's essence of beef, mushroom ketchup and brandy, and the patient was doing very fairly. But such a mode of deception scandalized a consultant, who ordered food undisguised, which the patient never touched, and orthodox quantities of opium, which failed to quiet him, and on the third day after the change of treatment he died, from syncope due to paralysis of the heart's action. The early administration of sedatives is to be deprecated; but, should the restlessness persist, in spite of careful and assiduous feeding, a full dose of laudanum (thirty to forty minims) at bedtime is of great value. In the absence of albuminuria, lung complications, or any sign of failure of the heart's action, I prefer this drug to other sedatives. If the opium alone fails, its combination with an alcoholic stimulant (brandy, whisky, and especially stout) often succeeds. If there be any tendency to syncope, if pneumonia should come on, and in cases complicated with shock, as in surgical injuries, a free use of stimulants is imperative. Hypodermic injections of morphia and large doses of digitalis have been recommended by many authorities; but I have seen them act most detrimentally, and I should now always hesitate to employ them. The cautious inhalation of chloroform vapor has occasionally cut short an attack by inducing sleep, but it much more frequently fails, and it has caused sudden death. Mechanical restraint is scarcely, if ever, necessary, provided the patient be properly nursed and attended to. Moreover, a man will frequently take food from a female nurse, when he will refuse it from the hands of a male attendant. All methods of self-destruction must be carefully guarded against.

Prof. Billroth's Operation for Cystic Goitre.

The *Medical Times and Gazette* (London), says:—

For cystic bronchocele Prof. Billroth has operated fifty-two times. On two occasions he simply tapped it with a middle-sized trocar, and in both cases intense inflammation arose, rendering incision necessary in one, and extirpation in the other. He has abandoned the practice, but regards puncture for the purpose of diagnosis as harmless. Tincture of iodine, after the fluid has been allowed to discharge itself without squeezing the tumor, has been injected in thirty-four cases, with twenty-nine recoveries, half an ounce of that of the British Pharmacopœia, (which is nearly twice as strong as that of the Austrian) having been thrown in. The patient is then sent to bed, and a pretty firm calico bandage, smeared with collodion, bound around the neck. This, in general, falls off on the third day, and at first great swelling and accumulation of gas occur, but when these diminish during the first week there is no need of interference. The absorption sometimes takes place very slowly, occupying often a whole year. The walls of the cyst do not adhere together, consequently, upon reaction, as has been represented both with regard to bronchocele and hydrocele, but the lining membrane ceases to secrete, in consequence of the deposition of iodine. Incision, with drainage, was successfully performed in two cases; and in twelve Chelias' operation of incision and connection of the walls of the cyst and the skin by sutures was resorted to, nine of the cases being cured and three patients dying. The painful procedure of cauterizing by chloride of zinc was once resorted to. In one case in which pure alcohol was injected fearful acetic fermentation was set up, and the patient soon died in a septic condition. In two cases a diminution of the tumor was produced by puncturing with a medium-sized trocar; but in a third, suppurative inflammation was set up, which rendered incision necessary. Of thirty-seven cases in which extirpation was performed, twenty-four recovered; but in some of these other measures had been previously resorted to, which had induced suppuration. The arteries were immediately tied so as to often reduce the hemorrhage to a minimum.

The Diagnosis of Extra-pericardial Adhesions.

Two papers, says the *British Medical Journal*, have recently appeared, which add a little to our knowledge on this head, which hitherto has been scanty enough. For long it has been known that systolic retraction of the præcordia is by no means a trustworthy sign of these adhesions, the sign having been present when no adhesions were found after death, and the converse has been equally common. Dr. O. von Widmann, writing in the July number of Virchow's *Archiv*, suggests that the essential factor for the production of systolic retraction, is a change in the position of the heart, with or without adhesions. During systole, the heart's right to left diameter undergoes shortening, so that, if by any means the organ were so displaced that its normally lateral surfaces became antero-posterior, during systole a shortening would take place which would permit the atmospheric pressure to exert its influence on the chest wall, and cause a depression over the cardiac area. Still more lately, Dr. Riegel, in the *Berliner Klin. Wochenschrift*, for November 5th, draws attention to a sign which he thinks of importance in the diagnosis of the actual pressure of adhesions; this is a diminution of the heart's impulse during respiration. Normally, the heart's apex beat is felt more forcibly and reveals itself more decidedly, on a cardiagram, during respiration than inspiration; the converse condition, which Riegel has observed in several cases of pericardial adhesion to the border of the lung, is explained, he thinks, by the inability of the latter organ to come forward during inspiration, while in respiration they retract full upon the pericardium, and so impede the heart.

On Maternal Impressions.

In a paper before the Royal Medical and Chirurgical Society, in which he defended the reality of maternal impressions affecting the fœtus, Mr. William Sedgwick remarked that it is, no doubt, difficult to distinguish between the alleged influence of maternal impressions and that of heredity. Complete elimination of hereditary influence, in the emotional transmission of physically acquired defects, could only be secured in cases of which the following might be selected as the type: The wife of a clergyman had a child born with deformity of the hand, characterized by the absence of one finger, and the complete union of the middle and third fingers, the united extremities of which were covered by one nail. At an early period of her pregnancy she had been much affected by seeing a child with exactly the same deformity of the hand, and the fact of the impression in this case had been communicated to Dr. Montgomery by a lady who had accompanied the patient when she engaged the doctor for her confinement. It was remarked that the establishment, through hereditary influence, of acquired instincts in the lower animals, as well as the occurrence of hereditary talent in our own race, was apparently due to some modification of structure; and that when, in like manner, maternal impressions had been said to react specially, if not exclusively, on the nervous system of the offspring, the effect might, with equal probability, be referred to some modification of structure produced through the medium of the blood. Many of those, however, who believe more or less in the influence of maternal impressions would probably refuse to admit the necessity for any such dependence on structural change. Thus, Dr. Robert T. Lee had lately stated that "it would, on reflection, appear to be most natural that maternal impressions should be more frequently followed by unnatural condition of the intellect of the child than by any abnormalities of growth;" and in a lately published article on maternal impressions in one of our leading medical journals there had been exhibited a corresponding tendency to theorize in the same direction, the effect produced on the fœtus being referred to "an induced current of nervous impression."

Pure and Impure Water.

In a review, in the *Lancet*, of Professor Sander's recent work on hygiene, the critic states that a section is devoted to the spread of disease by means of water. The presence of the actual organic poison causing disease has not, he observes, been found in any water. Neither chemistry nor the microscope affords any sure ground of determining what is deleterious and what harmless. Schönbein's experiments, he thinks, approach nearest to this end. This investigator has shown that, like all ferments, vaccine, the poison of gonorrhœa and syphilis, have the peculiarity of decomposing ozone into water and oxygen, and that if these poisons are subjected to boiling they lose their power. Clear cistern-water containing many bacteria is capable of effecting this decomposition, but also loses it on boiling. Schönbein therefore concludes that we have in ozone, a means of discovering the presence of a ferment in water. As might be expected, he gives various instances in which it is probable that water proved the medium of communication of cholera and typhus poison.

In the section on the various kinds of water supply, Dr. Sander observes that the hardness of the water or the quantity of lime salts it contains is of no importance in a hygienic point of view; its only disadvantage being that it leads to the loss of much soap, and is therefore unfavorable to cleanliness. The real point to be attended to is the amount of organic impurity, and this should never exceed fifty-millionths; the water should contain no living organisms, and there should be no appreciable amounts of ammonia or nitric acid. The qualities of good drinking-water are lightly sketched, and the quantity required for a household, as given by Parkes and by Bürkli (whose estimate is somewhat higher than that of Parkes) compared. Professsor Sander considers an abundant supply to be afforded by 150 litres per head, one-third being used for household purposes, one-third for watering the streets, and one-third for trade or industrial purposes. He strongly recommends the constant supply, on account of the much greater purity and constancy of temperature—a point of no small importance in the summer months.

Nitrate of Strychnia in Writers' Cramp.

A number of cases of this class of convulsive disorders are reported by Dr. Leonardo Bianchi, of Naples, in the *British Medical Journal*, January 19th. We quote several, to illustrate his treatment:—

Case 1.—In July, 1873, I was consulted by Mr. D. L., a stout and strong man, for a disorder of his right arm. He informed me that he had been affected by it for six years, and had been prevented from writing by a painful feeling of tension and fatigue in every part of the arm and hand, with obstinate contraction of the supinators of the hand, turning it over; in the new position assumed by it, writing became impossible. Sensibility was undisturbed, and there was no difference, as regarded the muscular reaction with the faradic and galvanic currents, in the arms and forearms of the two sides. There were no painful points over the cervical spine. The faradic current applied for one month was quite useless; but he was very much improved by twelve injections of nitrate of strychnia; his writing became more regular, and he was less rapidly fatigued, as the contractions became less constant. He was then obliged to put off the treatment, on account of the necessity of writing, as he was occupied in a great deal of business which could not be left in other hands.

Cases 2 and 3.—In 1874 I saw a man named Santilio, who consulted me on account of an irresistible and troublesome numbness of the right arm, every time that he began little and delicate operations of the hand; viz., writing or sending telegraphic despatches. He was employed at the telegraph office, and the malady had manifested itself after two years of unusual and immoderate exercise of his profession. This is the second recorded case of telegraphists' cramp. The first was published in the *Lancet* in 1875, and it rather alarmed the English telegraphists. In my case, no spasm or contraction was observed in any muscle; but an irresistible torpor and sense of tension pervaded the entire arm when he attempted to write and to send telegraphic despatches, while he showed considerable strength in operations that required more muscular force and the exercise of both arms. There was no difference of reaction with the faradic current, as regarded either the muscles or the nerves; but he sometimes felt pain on the cervical spine. He did not derive improvement, either from muscular faradization or from the continuous galvanic current, nor from injections of nitrate of strychnia, of which I made about thirty. I used two grains of the strychnia salt, after having ascertained that it was good by making experiments on rabbits. The young man, who was very intelligent, assured me that his brother, employed at the Post Office, had suffered during about eight years, from scrivener's cramp, so much so that he was obliged to take an assistant for writing; and that, after the publication of my paper in *Il Morgagni*, he was completely cured by a number of hypodermic injections of nitrate of strychnia, and had resumed all the duties of his office.

Treatment of Paralysis of the Muscles of the Eye.

Professor J. Michel, in the *Monatschrift für Augenheilkunde*, November, 1877, recommends the treatment of paralysis of the muscles of the eyeball by gentle traction. His treatment, which was successful in a recent but total paralysis of the abducens, of rheumatic origin, consists in taking hold of the insertion of the affected muscle with a pair of fixing forceps, and gently drawing the eyeball as far as possible in the direction in which the muscle would move it; afterward bringing it back to its former position. This manœuvre is repeated backward and forward for about two minutes every day. The author states that the manipulation is attended by but little pain, and that the slight inflammation set up in the conjunctiva is easily combated by cold applications. After each sitting a slight amelioration was observed. Immediately after the sitting, the muscle was found to be capable of contracting to the extent of a line and a half to two lines. This power was less after an hour, but was still perceptible. He states that recovery was perfect after five weeks of this treatment.

The Dyspepsia of Smokers.

M. Révillout reports, in the *Gazette des Hôpitaux*, two cases of gastralgia attributed to the use of tobacco. The first case occurred in a man, aged fifty-two, in M. Vulpian's wards. He had always been moderate in everything except the use of tobacco; had never undergone any privation; had always been able to choose his food, and had been careful in his diet. On six different occasions he had been seized with extremely acute attacks of pain in the stomach, not extending to the back, and coming on more or less quickly after every meal, bringing on, also, vomiting of the food. In the intervals of these attacks, of which the average duration was about six weeks, his health seemed tolerably good, with the exception of some vertigo, dazzling of the sight, and weakness of the legs. These troubles were more marked when the patient felt better and smoked than when, suffering with gastric troubles, he had no appetite for anything, and temporarily left off tobacco.

M. Révillout also reports a case in which a gentleman in good circumstances, following an excellent hygienic system, found his digestive functions gradually failing, whilst his strength diminished. Later on he was attacked with vertigo, staggering whilst walking, and spasms, and prickings in the limbs. After every meal severe pain was felt in the epigastric region; the face was pale, the speech gasping, the heart-beats uncertain, and the body generally discolored. This patient smoked from twelve to fifteen cigars daily. Under advice, he reduced this number to two, and immediately a considerable improvement took place. He again took to excessive smoking; but, as the original symptoms returned, he was again obliged to abstain from tobacco. Under medical advice, he washed the tobacco of which he made his cigarettes in a coffee-percolator, by first throwing on it ammoniacal water, then repeated baths of hot water. The nicotine was thus partly dissolved out, or mechanically removed by the warm water. The tobacco, when washed, was spread out in the sun to dry, on paper, and thus modified satisfied the patient, who from that time was not troubled with dyspepsia or vertigo.

Continuous Currents in the Treatment of Ulcers

The following cases are published by M. Staes-Brame in the *Bulletin Medical du Nord*, quoted in the *British Medical Journal*. The first is that of a man aged 30. He had suffered for two years with large atonic ulcers on the legs. M. Staes-Brame had entirely cured one of the ulcers and greatly ameliorated the other, by prolonged rest, compression, and tonics. That of the right leg, which formerly measured four inches by three-quarters of an inch, was reduced to a small wound less than two-fifths of an inch in diameter, covered by a cicatricial pellicle, when, by some unknown cause, in twenty-four hours the whole of the former surface of the ulcer became denuded, and discharged bloody serum. M. Staes-Brame determined to apply the constant current. He covered the wound with a plaque of metal, which he put into communication with the negative electrode, the positive pole being applied to the skin of the thigh. In ten minutes the wound became pale; the next day, it had diminished by one half; reapplication of the current for ten minutes, and the following day the cure was complete. The subject of the second observation was a workman who had been burnt on the foot by a quantity of concentrated sulphuric acid. The eschar left a deep ulcer, which defied treatment. M. Staes-Brame tried the continuous current in the same manner as before. After eleven applications of ten minutes each, the wound had completely cicatrized.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——An early publication is announced, of Dr. Laurence Turnbull's treatise, entitled "The Advantages and Accidents of Artificial Anæsthesia:" being a manual of anæsthetic agents, and their modes of administration; considering their relative risk, tests of purity, precautions to be observed in use, treatment of asphyxia, etc.

——Dr. Benjamin Lee's essay on "Suspension as a means of Treating Spinal Distortions," is an important contribution to this subject, now claiming so much of professional attention. Dr. Lee's methods are singularly ingenious, and have very fully met the end for which they are designed. The illustrations, covering six full pages, give a completely intelligible idea of them. Price 25 cents. For sale at the office of this journal.

——"The Future of Sanitary Science," is the title of a lecture by Dr. B. W. Richardson (price 25 cents. MacMillan & Co.). It is full of striking thoughts, as are all his productions. He thinks that the time will come when there will be a Minister of Health, or, as we would say, a Secretary of State for Health, as there is one for War, etc., and that such a bureau will be regarded as the most important of all in the scheme of the Commonwealth.

——Dr. Martin L. James, of Richmond, has had reprinted, in a neat, half-bound volume, his elaborate essay on Cardiac Thrombosis, first published in the *Transactions* of the Medical Society of Virginia. Besides reporting three cases from his own observation, he adds an analysis of sixty-eight cases, and numerous physiological experiments.

——The therapeutic effects of bathing, cupping, electricity and massage, in the treatment of debility, deformities and chronic diseases, are compared, in their effects and values, by Dr. David Prince, of Jacksonville, Ill., in a reprint from the *American Practitioner*. He shows that a well-organized institution should combine these various methods.

——Dr. Brown-Séquard's "Two Lectures on Convulsions and Paralysis as Effects of Disease of the Base of the Brain," recently delivered in this city, have been neatly reprinted in pamphlet form. The lecturer submits the prevailing theory—that injury to one hemisphere of the brain produces paralysis of the opposite side—to a searching criticism, and pronounces it fallacious. Numerous examples are cited, contradicting it. He then proceeds to set forth a theory of motor nerve action which he believes is more in accordance with observed facts. This theory is subtle, and not readily abbreviated from the lecturer's words, but is, of course, most deserving of study. The lectures are very clearly reported by Dr. Frank Woodbury, and published for the Philadelphia County Medical Society. Copies can be had through this office; price 25 cents, mailed.

——A "Report on the Prevalence of Phthisis in Victoria," forwarded by the Medical Society of that Colony, maintains that the mortality from phthisis is there little more than half that of England. There is a vein of special pleading running through the report, and an obliviousness to several well known facts in the history of phthisis which detract from the value of this conclusion, and leave the report open to criticism.

——We return thanks for a number of Announcements of colleges, and Reports of hospitals and dispensaries, which our space will not allow us to name in full.

BOOK NOTICES.

Injuries of the Eye, and their Medico-Legal Aspect. By Ferdinand Von Arlt, M.D. Professor of Ophthalmology in the University of Vienna. Translated, with the permission of the author, by Chas. S. Turnbull, M.D., etc. Philadelphia, Claxton, Remsen and Haffelfinger. 8vo, pp. 198. Price $1.25.

There are few incidents to practice which cause the physician more well-grounded anxiety than the care of an eye which has been injured. The value of the organ is apt to be estimated so high by juries; the treatment of its accidents, and their complications promises such uncertain results; and the growing tendency to neglect its study as pertaining to one of the specialties of the profession is so obvious, that the visions of possible suits and damages, which rise before the mind's eye, are anything but conducive to repose. No doubt, therefore, the subject of this book is one which will be welcome to many readers, particularly as it is here treated by a master hand, by an authority which no surgeon can gainsay or disrespect.

Professor Arlt's opinions stand in the very front rank of those of men of his special branch in Germany; and as the translator has been at once his pupil and friend, the accuracy of their presentment cannot be questioned.

The author divides injuries of the eye into three groups: 1. Those produced by sudden compression or concussion. 2. Those by the entrance of a foreign body not acting chemically. 3. Scalds and corrosions. Intentional and simulated injuries form the subject of a fourth chapter. Each head is discussed under the separate themes of diagnosis, prognosis and therapeutics. Much attention is justly given to the last mentioned, as it is always a prominent point in charges of malpractice, to represent the treatment as inadequate or erroneous. This feature, moreover, adds a special feature of value to the book, apart from its medico-legal aspect. The methods of the treatment of injuries of the eye are carefully and fully set forth, and the difficult questions of prognosis—so important to be clear upon—are admirably stated. We do not doubt the work will achieve considerable popularity, as it certainly should do.

A Practical Manual of Diseases of Children, with a Formulary. By Edward Ellis, M.D. Third Edition. Lindsay & Blakiston. $2.50.

The first edition of this work appeared about ten years ago, and both it and the second one met with a favorable reception from the public. The third, which is now before us, has been carefully revised, and notice taken of most of the very considerable additions to pædiatrics in the last decade. The author remarks on the changes which have taken place in therapeutics since that period, and aims to make his book a fair representation of the most enlightened practice of the day. His large experience in the London hospitals is manifest, from the clear and terse descriptions he gives of diseased conditions; and his introductory remarks on the general management of infantile disease impress the reader most favorably.

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REMARKS ON SOME MENTAL ILLUSIONS.

"In many ways," says Plautus, "do the gods make fools of men, by dreams and waking visions, by memories and presentiments." Though the gods have gone, the fools have not, and a goodly number of them still pin their faith to the follies referred to by the great Latin comedian.

Were anything wanting to show how little the spirit of science has penetrated the general mind, it would be supplied by the eagerness to adopt the delusions of spiritualism, the trickery of mind-reading, the exaggerations of mesmerism, and the like, as proofs of the supernatural; or, to put it more clearly, the belief in the supernatural itself, as something independent of, or contradictory to, the natural.

Step by step, the study of mental pathology has stripped the wonder world of former ages of its most marvelous apparatus. The divine fury of the prophetess, the devils which possessed the epileptic, the demoniacal power of the witches, the potent words of the magician, have all been shelved by simple explanations which leave no food for the lover of the miraculous.

There still remain several classes of phenomena for which, up to the present, no entirely satisfactory explanation has been offered.

One of these is the curious impression that comes over many persons, at times, that some scene, some experience or some occurrence, which happens to them for the first time, has already transpired or been familiar to them, in the long past. As Tennyson has it—

> "Something felt, like something here
> Something seen, I know not where;
> But when, no mortal may declare."

Some explain this as a reminiscence of forgotten dreams; others, that an association of similarity is evoked, but which is so incomplete that on attempting to seize it the mind loses the chain of thought; or, again, that it depends on the reflex action of the other lobe of the brain, excited by some cause unknown, and which thus produces an almost simultaneous double impression.

The following case, where this delusion passed into positive insanity, renders the last mentioned suggestion probable. It is reported by Dr. A. Pick, in the *Archiv für Psychiatrie*, B. vi:—

"The patient was a furrier, and had traveled, practicing his trade, to Copenhagen and St. Petersburg. He was very excitable, suffered from headaches, and fancied that people put poison in his food, and listened to his conversation. He thought that he heard voices weeping above his room. On account of such delusions he was sent to the asylum. He is described as rather a weakly man for his age, which is above thirty. He possesses a good memory, and is skillful at mathematics. From his early years he had a vague consciousness, as if the events he was passing through had been already experienced. At first these notions were of a dim and uncertain character, but in the course of time they got clearer, so that he thought he possessed a double nature. It seemed that the combinations of social life, the changes of the weather, the events of the political world, repeated themselves to him for the second time. He thought it strange that no one ever mentioned these repetitions of events. He spoke about them to his friends, but only got evasive replies.

"The first time that these illusions were clearly portrayed in his mind was in the autumn of 1868, in St. Petersburg. Visits to pleasure resorts, the sight of public amusements, and casual interviews with persons, so affected his memory that he was convinced that he had already visited the same places, and seen the same men, under exactly the same circumstances. Sometimes this conviction occurred in the same day; but it often became clearer days after, when he had leisure to think over the events. Sometimes the renewed recollection came during the night; this Dr. Pick considers to be a form of dreaming."

In fact, there is a certain analogy between this illusion of memory and another, which constantly occurs in dreaming. We refer to the undoubted fact that a dream may be what is popularly considered *retrospective.* A dream occurring at the moment of being aroused (and generally supposed to be suggested by the same external impression which recalls the sleeper to consciousness) will seem to lead up to the impression, instead of taking its start from the latter. For example, a man is suddenly awakened from a deep sleep by the report of a pistol; he may dream a scene *antecedent* to the sound that aroused him, and the report will seem to have occurred as a link in the chain of incidents, a considerable portion of which had been completed *before* the explosion.

It is impossible to question the fact of this familiar phenomenon. The explanation is, however, by no means easy, and we are, in truth, driven to accept one of two startling theories; either dreams must be "retrospective," or they must be "instantaneous." The last mentioned is the less embarrassing hypothesis, and its adoption would remove some difficulties in the general question of dreams which upon any other presumption must prove exceedingly formidable. If dreams are pictures, they may flit through the mind in a moment of time; and there is nothing very perplexing in the fact that a train of events leading up to an impression which is itself the cause of the dream is presented.

A similar illusion of the time sense is very marked in intoxication by hasheesh. It may be said of those under the influence of this drug, that to their perception, as to the Homeric gods, "they take a step and ages roll away." To cross a room seems to require centuries.

In fact, we must remember that our most familiar experience teaches us that the mental estimate of time varies infinitely, and that in the opinion of the highest philosophy there is absolutely no common measure between it and mental action. There is, indeed, time required for the *transmission* of thought along the nerve filaments, but none to measure the thought itself. Long ago this was clearly pointed out by Kant, and the more closely we study psychology experimentally, the more convinced must we become of the correctness of his view.

NOTES AND COMMENTS.

The Cost of Insane Asylums.

This is a subject which has of late attracted considerable discussion in medical circles. Some of the facts brought out show that the insane of the United States are thus distributed:—

Government Hospital at Washington	731
State Asylums.	22,179
Incorporated and Private Asylums	1,869
City and County Asylums	5,510
County Poor-houses and in the Custody of Friends	14,711
Total	45,000

The whole cost, to the tax-paying community, of the State, county, and city asylums in this country has been to this date, for the structures alone, at least $35,000,000; of which enormous amount, nearly $20,000,000 has been disbursed within the last ten years, and as there are now three large buildings in the course of erection in this State, it is certainly desirable that taxpayers should know something of the data upon which this appalling outlay has been urged.

It further appears that each of the pauper insane patients, housed at public expense during the last ten years, has been provided with the bare necessity of shelter at a cost of $2000, an amount which is considerably in excess of the average cost per capita of housing the taxpayers themselves; for, according to the best statistics attainable (necessarily somewhat inaccurate), the heads of families in the United States who own their own tenements have an average of something less than $1500 each invested in dwellings, and calculating a family to consist of five persons, the cost of housing is about $300 per capita for householders and their families. For the large class of self-supporting people who live in rented tenements, the first cost of roof is probably less than $100 per capita, and thus the system of insane asylum building created and fostered by the American Association of Superintendents, presents the curious anomaly of housing a class of paupers at more than six times the expense per capita of the householding class, and fully twenty times that of the tenement-renting class. In the Eastern States, including New York and New Jersey, seven asylums have been, within ten years, or are now being, erected, at an aggregate cost of $10,650,000, with an aggregate capacity of 3530 patients, which will be found, by process of simple division, to represent the enormous average of $3020 for each inmate. Dropping the comparison with householders, and comparing the seven asylums and their capacity with any seven first-class hotels in the United States and their capacity, it will be found that while the first cost per capitum of housing the traveling public is not in excess of $1500, that of housing our pauper insane is twice that amount and a trifle more for each patient. Lastly, limiting the calculation to the three new asylums in New York State, costing the stupendous sum of $4,700,000, with an aggregate capacity of 1400, it appears that taxpayers are now providing shelter for their indigent insane at $3317 for each person committed for treatment.

These statistics ought certainly to make legislators pause, and medical men hesitate, before pushing such extravagance further.

Purification of Wards.

Dr. William Thompson, of Manchester, suggests a novel plan for the construction of a room, or a series of rooms, so as to secure optical purity of the atmosphere, for use in performing surgical operations. At one end of the room he proposes a fan fitted behind a good filter of cotton wool, through which the air passes. By means of a pipe having a series of bunsen burners, a sheet of flame may be passed gently along the floor, walls and roof, to destroy any adhering germs.

Photographing the Pulse.

Dr. Stein has recently invented a method of photographing the beats of the pulse. The method consists of photographing a beam of light which has been passed through a perforated vibrating disc. The perforated disc is attached to the artery like the sphygmograph. A strong light passing through the hole in the disc is made to reach a sensitive plate on which the movements of the disc are recorded in a wavy line.

Menstruation During Pregnancy.

In relation to a recent case of this kind, given in this journal, Dr. J. V. Sanders, of Mississippi, writes us of a similar instance of a negro woman who had been operated upon for vesico-vaginal fistula. A short time after the operation, which proved only partially successful, her husband reported her *pregnant*, and gave as his reason for his opinion *that she was menstru-*

ating, and went on further to say that she had not menstruated for many years *except when pregnant*, and then regularly every month, during which time she had borne several children.

Structure and Development of Spermatozoa.

A. Menzel, in a paper read before the sixth Congress of German surgeons, states that he has made a series of researches on the milky fluid taken from a spermatocele, with the following results:—(1) The spermatozoa of man exhibit, under certain circumstances, a very distinct transverse striation. (2) The sperm-cells of man exhibit very lively movements, and also a disposition to throw out long filiform processes. (3) The seminal animalcules proceed without exception, in man, from the nucleus, never from the cell protoplasm.

CORRESPONDENCE.

The Use of the Elastic Bandage.

ED. MED. AND SURG. REPORTER:—

Since the report of Dr. Henry A. Martin to the American Medical Association, on the Use of the Strong Elastic Bandage, I have used them with uniform and gratifying success in sprains and injuries of the joints, and also for varicose veins, and heartily recommend their use; and I wish especially to call the attention of practitioners to their use in making uniform and reliable pressure to the female breasts, in the treatment of mammary abscess; for the suppression of the lacteal secretion when desired; for the dissipation and absorption of adenoid tumors; to prevent secondary hemorrhage after amputation of the breasts, and as a close-fitting and effectual dressing in pleuritic effusions, where it is desirable to keep up a diaphoresis of the chest walls. I have used these bandages in such cases with the greatest comfort to the patients.

The bandages are made of pure rubber gum, and can be rinsed in water and dried in a moment, without injury to the texture, and may be prepared by any surgeon, as the material can be obtained at any rubber store, usually coming about thirty inches wide. Three yards will be a convenient length, and this may be rolled snugly and evenly about a window-shade roller, and secured with twine at every three, four or five inches, according to the width of bandage required. Have the roll put in a lathe, and with a sharp beveled knife, such as wood turners use, cut down to the stick, where the twines are secured, the cutting tool to be kept wet with water during the operation; in this manner the bandages are cut evenly throughout, and will cost less than one dollar each for bandages of that length.

In applying them for inflammation of the breast and abscess, a soft sponge wrung out of water, to make it pliable, is first applied directly to the surface, and the bandage passed round and round the chest, each layer overlapping the other from below upward, comfortably sewing from below the breasts up to the axilla, and secure the end by pins; tapes will not answer as well.

Pressure can be applied to enlarged lymphatic glands in the breast, interposing the sponge over the tumor.

As a first dressing after amputation of the breasts it is admirable, as its continuous pressure in any position of the body prevents the oozing which so often follows, to form clots and interfere with primary union.

R. B. BONTECOU, M.D.

82 *Fourth St., Troy, N. Y.*

A Case of Diabetes Mellitus—Bethesda Water.

ED. MED. AND SURG. REPORTER:—

Having been considerably interested in the use of this water as a remedial agent in "diabetes mellitus," I noticed particularly the two cases reported by Dr. C. C. Schuyler, of Troy, N. Y., and Dr. Thomas W. Shaw, of Pittsburg, Pa., February 2d, 1878. I saw, four years ago, Mrs. Charles C., aged 64 years, in consultation with Drs. Scrivens and Chattle, of Long Branch. The old lady was then very much emaciated, suffering from an intolerable thirst, etc., and passing daily from six to seven quarts of urine. The examination of the urine left no doubt of the nature of the malady. It was resolved to give her Bethesda water exclusively, and restrict her diet as customary in this affection. She has continued to use it ever since; has regained her flesh, and, though confined to her bed one year afterward, is now able to move about and return the visits of her friends. She passes about three pints of urine daily, and by strict observance of her diet and the continued use of the water, is enjoying good health.

I report this case as confirming the observations made by these gentlemen.

Eatontown, N. J. S. H. HUNT, M.D.

Case of Vaginal Gonorrhœa in a Child.

ED. MED. AND SURG. REPORTER:—

I wish to report a case similar to Dr. Young's under the above heading, page 199, REPORTER.

While practicing medicine in Napoleon, Ohio, in the fall of 1875, John W., aged about 30, and married, came to my office to be treated for gonorrhœa, from which he had been suffering for some time. While I had him under treatment his wife put in an appearance also, for a portion of my professional services. She was complaining of a leucorrhœal discharge from the vagina, and a scalding pain in the urethra when micturating.

In a few days his younger brother, aged 17, presented himself to me, with gonorrhœal trouble. He stoutly denied ever having intimacy with any female, whereby he might have contracted the disease, of the character of which he was totally ignorant.

Upon inquiry I found that he had slept with his older brother a number of times, and I am satisfied that he contracted his gonorrhœa from him.

In a short time, one of my professional friends was called in to see a seven-year-old daughter of a family that occupied a part of the house that John W. and wife resided in. The parents of the child said she screamed with pain whenever she attempted to pass her water. An examination convinced the physician that she had specific vaginitis and urethritis, which diagnosis was corroborated by a later examination, and with another physician.

Upon being questioned closely she said that Mr. W. had taken her on his lap several times, and in that situation had succeeded in satisfying his carnality, thereby communicating to her the loathsome disease with which he was afflicted. He was arrested, and at the trial which occurred the evidence was so strong against him that he was convicted, and is now serving out his sentence in the Ohio Penitentiary.

W. S. Powell, M.D.

Defiance, O.

NEWS AND MISCELLANY.

Pharmaceutical Novelties.

PHOSPHORUS PILLS.

We have examined some specimens of phosphorus pills, with various combinations, such as have been manufactured, now for some years, by Wm. R. Warner & Co., of this city. They appear to present this active and valuable agent in a form very well adapted for successful administration. The mass is luminous when rubbed in a darkened room, thus proving unmistakably the presence of the element; while it is entirely free from the presence of lumps, as the ingredients are combined in solution. W. & Co., have issued a pamphlet for gratuitous distribution, giving a great deal of information of the medical uses of this agent.

TILDEN'S PREPARATIONS.

Tilden & Co., of New Lebanon, New York, manufacture a large variety of fluid extracts and other medicinal preparations, which they guarantee to be genuine and well-prepared. Their laboratory is one of the best appointed in this country.

Anonymous Communications.

We have recently received an anonymous letter, signed "Byron," containing an attack on a gentleman and an institution of this city. Without entering into the merits of the case, we inform him and all other such correspondents that it is a discreditable and a cowardly act to prefer charges anonymously, and always gives us the impression that the writer is a much meaner man than the one he vilifies. While we do not insist on publishing names to communications, we do insist on knowing whom they are from; and if writers expect us to publish what they are afraid to acknowledge, they do not know this office.

The Illinois Medical Law.

A valued correspondent writes us, from Illinois:—"The Illinois State Board of Health have done a work very satisfactory, not only to the profession, but to the public. The law is not perfect, but will be a stepping stone to something more. Over six hundred non-qualified have left the State. Every doctor in the State is reading up. Very few students are entering our offices. Western Colleges, as a result of the law, have been filled with students. Surrounding States will pass similar laws, in self-defence."

Items.

—The pupils of the Reading, Pa., High School have for some time been undergoing an examination of their eyes, and the results show that of 140 persons examined, the eyesight of 68½ per cent. was found to be defective. The principal defect was myopia. In Class "A," 75 per cent. are short-sighted; while in the other classes, "B," "C" and "D," the disease was found to range from 61 to 63 per cent.—a marked preponderance of visual defection in the class first named.

—The Washington Board of Health have fallen into a violent quarrel among themselves, over cream-puffs. Are they poisonous or not? General Le Due had some analyzed, and says he finds nothing in them which is not good to eat; whereat the confectioners rejoice.

—The total number of medical students in Paris this winter is 4870.

—It has been determined to hold the sixth session of the International Medical Congress in Amsterdam, in September, 1879. A committee, of which Professor Donders, of Utrecht, is President, has been formed to make the necessary arrangements.

—A father lately induced a croupy little boy to make a healthy meal of buckwheat cakes and molasses, but the latter proved to be syrup of squills. The boy said he thought something ailed the molasses the very minute his father told him to eat all he wanted.

—Dr. Cohnheim, Professor of Pathological Anatomy in Breslau, has accepted an invitation to the same chair in the University of Leipsic; and Dr. Ponfick, Professor in Göttingen, has been invited to fill the vacancy thus created at Breslau.

Personal.

—The eminent physiologist, Dr. Ernst H. Weber, died in Leipsic, January 26. His brother Edward was equally eminent. Ernst Heinrich Weber was the originator of the doctrine of the mechanism of the propulsion of the blood, and Edward Weber was the creator of the doctrine of inhibition of the nervous system (*Hemmungsnervensystem*), discoveries of a powerful epoch-making signification.

—Dr. John E. Tyler, a much esteemed practitioner of Boston, died in that city, March 9th, aged 58 years. He graduated at the University of Pennsylvania in 1846, and devoted his attention to diseases of the mind. He had been superintendent of the New Hampshire Asylum, and the McLean Asylum, Mass.

—One of the graduates in the medical department of the University of Pennsylvania was Dr. Boardman Reed, a well-known journalist. He was, for a number of years, connected with *The Press*, of this city, and afterward purchased the *Sunday Press.* At his graduation he was one of the few who obtained the "unanimous vote" of the faculty.

—Dr. Frank Rice, of Memphis, Tennessee, died of paralysis, March 21. During the war he was medical director of General Cheatham's Division.

—Dr. Mary Walker has applied to be appointed a "special police woman" on the police force of Washington City. She desires the office, in order to have authority to arrest the small boys whose feelings are hurt by her attire, and who express their emotions in less chosen language than Sir William Jenner, when he discusses women as physicians.

—The bill to reinstate Dr. W. A. Hammond as ex-Surgeon General has passed both houses and been approved by the President. The profession generally will look upon this as tardy justice to a deserving man.

—The death of Dr. L. Preston Ashmead, of Brooklyn, formerly of Philadelphia, occurred in Florida a fortnight since. He was a young and promising member of the profession.

—Dr. D. G. Dodge, ex-member of the Assembly, and for several years Superintendent of the New York State Inebriate Asylum at Binghamton, one of the most prominent citizens of Clinton county, and known throughout the State as a skillful physician and surgeon, died at Rouse's Point recently.

QUERIES AND REPLIES.

Depilatories.

Dr. W. H. R., of Ohio, asks for a safe and efficient depilatory. We have at various times given recipes for several, in this journal, and should like to hear whether any of them have been tried, and with what success. Also, any new formulæ will be welcome.

Dr. C. F., of Me., inquires in reference to the treatment of nocturnal pollution. We would refer him to Napheys' *Surgical Therapeutics*, pp. 361-373, for a very full synopsis of the treatment of the various forms of this complaint.

Dr. D. M. L., of Iowa.—On the subject of *Milk Diet*, see Reporter, vol. xxxvi, p. 356, vol. xxxiii, pp. 332, 333, and especially for the skim-milk diet, Dr. Donkin, in Napheys' *Medical Therapeutics*, pp. 402, 403.

A Reader.—Druggists in this State are allowed to sell alcoholic drinks by retail only on a physician's prescription. It is claimed, however, that they have a right to prescribe them "over the counter," when convinced that they will be used as medicines.

Subscriber, Ill., Wishes to learn some means of checking extreme headache, in a married woman, thirty-two years of age, recurring every menstrual period. Menstruation scanty. Ordinary means have failed.

MARRIED.

Burchard—Stewart.—Privately, in New York, at the residence of the bride's mother, Wednesday, March 6th, by Rev. S. D. Burchard, D.D., Dr. T. Herring Burchard and Irene M., daughter of the late William R. Stewart, Esq.

Dashiell—Henry.—In Philadelphia, on the 27th ult., by Rev. Joseph L. Polk, Dr. Rufus W. Dashiell and Laura Fassitt Henry, both of Princess-Anne, Md.

Gregg—Whittemore.—In Cincinnati, on Monday evening, March 11th, by the Rev. J. S. Cantwell, D.D., Mr. Milton Gregg and Miss R. Russell Whittemore, artist, eldest daughter of Dr. James R. Whittemore.

Leet—Sawyer.—In Claremont, Vermont, at the Methodist Church, February 14th, by Rev. E. R. Wilkins, Dr. George E. Leet, of Canaan, and Miss Kate Sawyer, of Claremont.

McClatchey—Senseman.—In Philadelphia, on the 13th inst., at the residence of the bride's parents, by Rev. Herman Jacobson, Robert J. McClatchey, M.D., and Harriet A. Senseman.

DEATHS.

Bartlett.—At Flatbush, Long Island, on Friday, March 8th, 1878, Minnie Newton, wife of Homer L. Bartlett, M.D., and eldest daughter of Floyd and Amelia Bailey, of Sparkill, N. Y.

Bleecker.—In New York, on Monday, March 18th, after a short illness, Edward Bleecker, M.D., in the 74th year of his age.

Brown.—In Lisbon, February 10th, Mrs. Mary R., wife of Dr. S. P. Brown, aged 51 years.

Coward.—At No. 17 Church Road, London, England, February 25th, George William Henry Coward, M.D., aged 68 years.

Eaton.—Of consumption, at the residence of Rev. George Bent, in Seneca, Kansas, Mrs. Eliza J. Eaton, wife of Dr. M. M. Eaton, of this city.

Iddings.—February 26th, in Warren, Ohio, Mrs. Laura W., wife of Dr. W. Iddings, of Greenfield, Mercer Co., Pa., in the 58th year of her age.

Phillips.—In Beverly, New Jersey, on the 1st inst., John H. Phillips, M.D., in the 64th year of his age.

Quinby.—In New Orleans, March 11th, 1878, John Sneden Quinby, son of Dr. George A. and Mary G. Quinby, aged 7 years.

Robinson.—On Thursday, February 14th, 1878, at East Brady, Pa., Percie Barbour, son of Dr. Robert and Mrs. Luella Robinson, aged 1 year, 6 months, and 10 days.

Seaman.—In New York, on Monday morning, March 18th, 1878, Willett Seaman, son of the late Valentine Seaman, M.D.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

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(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

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"These remedies are prescribed when it is necessary to produce an energetic sedation on the circulatory system, and particularly on the nervous cerebro-spinal system.

"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

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Dr. Clin's Capsules contain 4 grains, and the Dragees 2 grains, of genuine Bromide of Camphor.

N. B.—*Dr. Clin's Gluten-Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

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We now offer the following assortment:—

GRANULES, containing Arsenious Acid; Arseniate of Soda; Aconitine; Atropine; Digitaline; Bi-Chloride of Mercury; Sulph. of Morphia; Phosphorus; Strychnia; Codeine; Calomel; Proto-iodide of Mercury; Podophyllin.

PILLS, prepared according to the U. S. Ph. when officinal:—
Aloes; Aloes and Assafœtida; Aloes and Mastich; Aloes and Myrrh; Assafœtida; Comp. Cathartic; Comp. Calomel; Comp. Colocynth; Iron, Carbonate; do. Citrate; do. Citrate of, and Quin.; do. Pyrophosphate; Blue pills; Calomel; Podophyllin; Proto-iodide of Mercury, with Opium, Ricord's formula; Quin. Sulph.; Rhubarb; Comp. Rhubarb; Santonine; Triplex; Valer. Zinc.

These pills are sold in bottles of 100 and 500. Other pills will be added, and special formulæ made to order. Descriptive lists, giving assortment and prices, also samples, sent on application.

E. FOUGERA & CO., Importing Pharmacists,
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TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say:—

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"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

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"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health,
and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.
"F. A. GAMAGE, M.D."

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REMITTANCES RECEIVED.

Week Ending March 30, 1878.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE HEALTH LIFT—IS IT RATIONAL, SCIENTIFIC, OR SAFE?

Read before the Philadelphia County Medical Society, December 26th, 1877,

BY BENJAMIN LEE, A.M. M.D.,

Of Philadelphia.

The live Yankee is never satisfied to do things as others have done them. He has succeeded in inventing new and improved methods of accomplishing so many results by mechanical means, which the peoples of the Old World have been accustomed to obtain by tedious manual labor, that it is not strange that he should imagine that the same fertile genius would develop extraordinary and before unheard-of combinations and methods in the, to him, new field of Physical Culture. He has patented everything else. Why should he not patent *exercise*? Why not? The idea is possible; in certain of its devices useful. But every such device needs to be closely scrutinized, that we may assure ourselves that it will accomplish good unmixed with evil, and that it does not foster the very vice which it should aim to suppress. It may prove to be as irrational in conception, and as injurious in execution, as the astonishing tests and exemplifications of "physical culture" (?) which have of late years been so fashionable for individuals of both sexes, and which set at defiance every law of natural exertion, of healthy nutrition, and of normal repose.

Two literary productions lie before me as I write, which aptly typify the old, scientific and rational mode of treating this subject, and the new, pert, self-sufficient method of the inventive American brain. The first I take up reverently. The dust of ages has gathered upon its time-discolored leaves. More than a century before this goodly city of ours was so much as conceived of in the sagacious brain of William Penn, this very volume was already taking the initiative in a movement similar to that which characterizes our own time, for reintroducing that system of physical education and training which produced such admirable specimens of manhood among the Greeks and the Romans, but which the fanatical contempt for the body, engendered by a superstitious and ignorant monasticism, had completely banished. It is dedicated to the "Most Invincible Emperor Maximilian II," and it is within the limits of probability that the imperial hands of that wise and beneficent monarch may have turned these very leaves. Neither its age nor its possible associations, however, constitute its highest claim to respect, but the earnest, conscientious, laborious, and at the same time scientific, spirit in which it treats its subject. It is in the Latin tongue, and is entitled, "The Six Books of Hieronymus Mercurialis on the Gymnastic Art; in which are carefully and fully explained the modes of exercise of all the ancients, the appropriate places, methods and means for, and, in fine, all that pertains to, the exercise of the human body. Second edition, enlarged, and adorned with numerous illustrations. A work useful, not to physicians alone, but also to all who are desirous of becoming acquainted with the customs of the ancients, and of preserving their health. To Maximilian II, Emperor, Venice. Press of Juntas. MDLXXIII."

That its author was a man of no mean attainments is evident from the long list of writers with which he prefixes his work, and on whom he acknowledges having drawn for his materials. They are both Greek and Latin, and comprise nearly a hundred names, among them all the well-known medical authors of antiquity, and most of the historians. The arrangement of the work is eminently methodical, and its treatment thorough and comprehensive.

Hieronymus defines exercise, following to a considerable extent Galen and Avicenna, to be "voluntary movement, vigorous in degree, and accompanied by increased frequency of breathing, undertaken for the purpose of preserving the health, or of improving the figure and carriage." Medical Gymnastics, or "Gymnastic Medicine," as he terms it, he divides into active and passive movements. All movements which tend to a general and systematic development of the body in all its parts and organs meet with his approval. Those, however, which have for their object and result simply the development of muscular strength, and, above all, those which aim to develop only a certain set or system of muscles, he condemns, under the title of *vicious or athletic.* Variety, and pleasurable mental excitement or occupation, are considered to be of the greatest importance. No one mode is to be followed, to the exclusion of all others. Individual idiosyncracies are to be considered in the choice of exercises, and in determining their mode, degree and duration; and, as was the habit in those days, now perhaps too much neglected, the study of temperament is held to be of great importance in this connection.

The other work to which I have made allusion is entitled "Cumulative Exercise; Popularly known as the Health-lift, or Lifting Cure." The name of the author does not appear, and he has no need to be proud of his bantling. It is composed of brief essays on the subject of exercise in general, principally second-hand; bald assertions as to the superiority of lifting over all other modes of exercise, and of one particular machine over all other machines, for the purpose of lifting; of testimonials, typical cures, and illustrative cases; remarks on the physiological effects of cumulative exercise, smart editorials, possibly written by ministers who have "been the recipients of" free tickets, and finally, a brief chapter, probably one of the most important, on "The Health-lift as a Business."

The first point of disagreement between our two treatises is in regard to the length of time which should be devoted to exercise. Hieronymus refuses to assign a limit of time, justly observing that this must be decided by the effects produced in each individual. But it is evident, from the examples of eminent men of antiquity who have left us a transcript of their daily life, such as Pliny the younger, Horace and Martial, which he mentions with approval, that at least one hour daily should, in his opinion, be devoted in this way, and that a longer period would not be wasted.

To come down, now, to more modern days, and to cite a single author of acknowledged reputation on this question of the appropriate time or duration of exercise, Cameron, in his Manual of Hygiene, says: "Those whose occupations confine them to the house should walk at least three miles daily. . . . Those whose occupations require a large expenditure of brain power should not take excessive exercise; they should not walk more than five or six miles a day." The time allotted in this way is evidently from one to two hours. Dr. Chapman, of this city, used to say that every young lady in good health who wished to preserve the same should walk six miles a day.

It is evident, then, that, in the opinion of those who have taken the trouble to make this subject a careful and conscientious study, exercise, in order to produce its beneficial effects as a derivative, a stimulant, a promoter of absorption and depuration, of assimilation and nutrition, must be extended over a considerable length of time each day, and must be so moderate in its character that such continuance shall not render it exhausting. In direct contravention of this first fundamental law of scientific exercise, the claim especially put forth by the advocate of this exclusive form of exercise (the Health-lift) is, that it accomplishes a *maximum* of exercise in a *minimum* of time. Over and over again is it reiterated that ten minutes a day is absolutely all that is required, and that the man who accomplishes this can dispense with all other forms and modes of exercise. Supposing that this absurd and impudent claim were true, would the discovery of such a method of concentrating exercise be a boon to the overworked, over-stimulated American brain? Is it wise to say to the jaded man of business, "Continue your present suicidal mode of life; jump into a crowded street car the moment you have bolted your breakfast; study the stocks all the way down town, breathing at the same time the expired air of twenty or thirty dyspeptic wretches like yourself; give yourself up all day long to the intensest absorption in business cares, with the briefest possible interim for dinner; work early and late; pay no attention to your old-fogy doctor — who says that you are working too hard, that you need relaxation, and exercise in the open air, that it would be better to take a little more time in the morning, and walk to your office or store instead of riding, that a drive in the park or an hour in the gymnasium may save you a break-down—but just take ten minutes at the Health-lift, and you may feel yourself absolved from all these tedious interruptions of work and business?" Is not this rather to foster and encourage the very feature in American life which is most antagonistic to a full, generous, normal physical development? "Ten minutes a day" to fill up the lungs to their utmost capacity with pure, fresh, oxygenated air (but no, not even this, for the Health-lift is used in luxuriously furnished, super-heated apartments), so that every cell may do its duty in aerating the vital fluid. "Ten minutes a day," to start all the thousand ducts of the sudoriparous glands into activity, and thus carry off the noxious matters which are hourly accumulating in the blood to oppress the vital organs. "Ten minutes a day," to carry on the wonderful work of capillary tissue metamorphosis in the bodies of the stimulated muscles. "Ten minutes a day," to recreate the weary brain-cells, and to send them a supply of purer blood for their nutrition. "Ten minutes a day," to provoke absorption of the effete materials lying outside of the vessels, throughout all the tissues of the body. Ten minutes a day. Gentlemen; is this rational?

Secondly: Is the Health-lift scientific? The first requirement of scientifically devised exercise is, that it should call into play, as far as possible, all the muscles of the body. The second, that it should be so varied as to afford at the same time pleasurable mental excitement or occupation; in other words, that it should avoid monotony, which reduces it from the higher plane of exercise to the lower level of mere labor. How does the Health-lift meet these requirements?

First, as to general and complete development of the muscular system.

I am indebted to the consideration of Dr. Wm. S. Stewart for having brought to my notice an extraordinary illustration of the effects of appropriate and scientific exercise in the symmetrical development of the muscular system, which, in this case, is due particularly to the form of systematic training styled the Swedish Movements. Mr. Jeremiah Davis, who has kindly volunteered to be present this evening and display, for your study, his remarkable muscular condition, is a native of England, rather more than thirty years of age. Though rather short in stature, his physical development, as you observe, is herculean; each individual superficial muscle stands out prominently, affording an excellent opportunity for studying surface or artistic anatomy. The muscles, both of the trunk and the extremities, appear to be symmetrically developed, and there is no superfluous adipose tissue to obscure our investigations. Even the platysma myoides can be thrown into action, displaying its origin and wide insertion. The muscles of the thorax and abdomen are especially noteworthy. The most remarkable point in this case remains to be told. He informs us that, seven years ago, he was discharged from the British navy, being pronounced unfit for the service and suffering from pulmonary consumption. He was then in wretched condition, suffering from hemorrhages, greatly emaciated, and apparently doomed to early death. In this condition he tried the Swedish Movements and rapidly improved. Finally regaining his health, he became a teacher of the system himself, and has opened rooms for the purpose in this city, under the patronage of a number of our well-known physicians. He also gives lessons in sparring and other physical exercises.

The muscles which are called into play in the act of lifting, as you will notice, if Mr. Davis will kindly lift these buckets of water, are almost exclusively the extensors of the lower extremities and the erectors of the spine, with the associate dorsal groups. The flexors play only a passive and subordinate part. The development of the limbs will, therefore, under this system exclusively, be unequal. We shall have an enormous gastrocnemius, with a small anterior tibial; an immense rectus and biceps extensor, but a dwindled biceps flexor. This unsymmetrical enlargement of the front of the thigh and back of the leg will produce an effect the reverse of statuesque. The individual thus developed will be a good skater, perhaps, but a poor walker. As far as the upper extremities are concerned, the only muscles called into activity are the flexors of the fingers. Those of the arm and shoulder are simply put on the stretch, an operation which, without correspondent contraction, is well known to weaken rather than strengthen muscular fibre. At the same time the ligaments of all the joints of the upper extremity are violently stretched, which must have a tendency to diminish the completeness of the apposition of the joint surfaces, and thus diminish precision and rapidity of motion. The person who has exercised only in this way may have a powerful grip, but will also have a weak hug. He will certainly not be able to hit out vigorously from the shoulder.

Secondly, as regards variety, and occupation for the mind, of a light and pleasing character—it is only the extremely short time that is claimed for this exercise that could reconcile any one possessed of an intellect to its practice for ten consecutive days. Its only advantage over the treadmill is that it is accomplishing no good result for another, and therefore cannot be termed labor in the ordinary sense of the term. Compare it, for a moment, with a brisk walk through the scented fields, or by the river side, or an exhilarating gallop, and how utterly tame and unsatisfying does it appear. We must conclude, then, that lifting, *per se,* fails to accomplish the results, or furnish the concomitants which entitle a mode of exercise to be denominated *scientific.*

Finally: Is the lifting of heavy weights, even though the muscles concerned in the act of lifting be gradually and carefully trained, so that it can be performed without conscious strain of those particular muscles, a *safe* mode of exercise?

In 1845, Dr. George B. Windship, of Boston, commenced lifting as a means of muscular development. In 1877 Dr. George B. Windship lies in his grave, dead, of apoplexy, at the early age of forty. This for a text. Dr. Windship adopted as his formula, or motto, for physical education, "Strength is Health." Nothing could be more false. Perfect health is consistent with a very small degree of muscular development. Great muscular strength often coëxists with serious derangement of health, both organic and functional. This was distinctly pointed out by our old friend Hieronymus, when he denominated as vicious the training of the athletes, who, in spite of their enormous strength, were well known to be liable to early and sudden death. The muscular system should never be developed to such an extent that it robs the organic systems of their due proportion of nourishment. When it does so it is not a maintainer of, but a constant menace to, health. But are there any dangers to which this particular form of exercise is liable? In the effort to lift, the first step is the preliminary of contracting the muscles of the chest and abdomen, especially the intercostals, in order to afford a fixed point of support for the muscles of the extremities. The immediate result of this act is a sudden suspension of respiration, what is commonly known as "holding the breath." Now the effect of this is at once to check the blood current which is passing from the heart to the lungs, and throw it back upon the heart. A constant repetition of this act will have a tendency to produce dilatation of the pulmonary artery, and of the right side of the heart, as well as of the vessels of the lung. The rupture of a blood vessel in the lung in the act of ordinary lifting in daily work is too well known to need more than reference. At the same time that this interference with the circulation takes place, the return of the blood from the brain is also interrupted, as indicated by the sudden flushing of the face, which is as certain a sign of increased blood pressure in the cerebral sinuses as the pallor of syncope is an index of a diminished blood pressure in the same organ. Hence a risk of gradual dilatation and weakening of the coats of these vessels, with the ultimate result of apoplexy in some one of its forms.

The danger of the occurrence of such results is heightened by the fact that the machine employed affords opportunities for exhibiting great strength, its capacity being twelve hundred pounds, and that those using it are not only stimulated to a natural rivalry to see who shall lift the most, but at the same time encouraged to believe that each additional pound which they raise is a proof of a proportional improvement in health. Our third inquiry must, therefore, like the others, be answered in the negative. Whatever value the "Reactionary Lifter," or the "Graduated Yoke Lifter," or the "Perfection Health lift," or any other machine for a similar purpose, may have when in judicious combination with other properly arranged gymnastic apparatus, as one means among many for obtaining the beneficial effects of systematic exercise, its claim as an exclusive and concentrated exercise is impudent and unfounded.

Concentrated exercise is as unsatisfying to the muscle as is concentrated nourishment to the stomach. The latter demands bulk in its contents, the former a certain duration in its period of activity.

1503 *Spruce Street, Dec.* 26, 1877.

A CONTRIBUTION TO THE ETIOLOGY OF PUERPERAL INFECTION.

BY ALFRED LUDLOW CARROLL, M. D. (UNIV. N. Y.).
President Richmond County Medical Society, etc.

The following case seems worthy of record as illustrating the insidious quality of contagium as applied to the puerperal woman.

Mrs. D., aged 23, a lady of fine physique and excellent health, summoned me to her first labor at 11.30 P. M., on the 28th of September, 1877. On my arrival, I found the membranes ruptured (the first stage having been completed with pains of so little severity that the patient was ignorant of their portent); the os well dilated; vertex presenting R. O. A.; genital passages in normal condition. The child (a girl, weighing about six and a half pounds) was born at 4.20 A. M, labor having been easy and satisfactory, save for a trifling laceration of the fourchette; uterus firmly contracted. Pulse 73; patient feeling comfortable; placenta and membranes perfect.

The labor being in advance of the calculated date, the nurse who had been engaged was not at hand, and (fortunately, as we all thought at the time) my patient's husband procured for the occasion the services of an experienced monthly nurse, who had just finished her attendance on a lady in the neighborhood (confined a month previously, and at that time quite well and out of the house), whom she was to leave that morning. She remained with my patient but a few hours after delivery, Mrs. D's own nurse arriving in the afternoon.

To return to my notes of the case; six hours after confinement the uterus was contracted, lochia normal; pulse 72; temperature 98.6°; urine had been passed. At 7 P.M. the patient was somewhat excited, having been imprudently allowed to receive visits from several of her friends. Pulse 76; temperature 100.5°; urine passed freely.

September 30th, 9 A.M., pulse 89; Temperature 98.3°. 8 P.M., pulse 82; temperature 98.9°.

October 1st, 9.30 A.M, pulse 100; temperature 99.8°. No subjective pain, but some tenderness on lateral compression of the uterus. At 8 P.M., pulse 120; temperature 102.5°; tenderness more marked, with dull aching pains, increased for some minutes after gentle pressure on the womb.

October 2d, 9.30 A.M. pulse 100, temperature 101.3°. Tenderness less; lochia somewhat offensive, despite vaginal injections of carbolic acid (1 to 200). 3 P.M., pulse 133, temperature 101.9°. 8 P.M., pulse 116, temperature 104.2°. Has had several slight chills, and passed a few small clots, with a little purulent matter after syringing. Fundus fully six inches above pubes. Bowels moved by means of enema this morning. Abdómen soft and free from tenderness. Secretion of milk established. Anorexia, but no nausea; much thirst.

October 3d, 9.30 A.M., pulse 88, temperature 98.7°. 8 P.M., pulse 96, temperature 102°.

October 4th, 9 A M., pulse 88, temperature 97°. 1 P M., patient had a severe chill; pulse 108, temperature 103.3°; pain and tenderness over uterine tumor, especially in region of left broad ligament; lochia abundant and sanguinolent, with occasional small clots. Milk diminished. Urine passed freely. Renewed turpentine stupe (which had been applied on the first instant) over hypogastrium. 9 P.M., pulse 98, temperature 101.6°.

October 5th, 10.30 A.M. Uterus still large, reaching nearly four inches above pubes, but with scarcely any tenderness; lochia plentiful and red-tinted; pulse 78, temperature 98 5°. 9 P M, pulse 76, temperature 97.8°.

October 6th, 1 P. M. Pulse 76, temperature 96.6°. Lochia less in quantity and lighter in color. No pain nor tenderness. Secretion of milk augmented. Appetite revived. 9 P. M., pulse 76, temperature 97°.

October 8th. Pulse and temperature normal; lochia colorless and much diminished in amount; no tenderness in uterus, which, however, can still be felt about two inches above the pubes. Lacteal secretion superabundant. Appetite and digestion excellent. From this time forward recovery was uninterrupted.

To trace the cause of metritis in this case was a difficult task. The drainage and ventilation of the premises were unexceptionable. I had not for three months past been in attendance on any contagious disease or post mortem examination, nor was there any zymotic epidemic in the neighborhood. The patient's regular nurse satisfied me that she was blameless in the matter, all her recent clients having made a good "getting up," and herself having been without an engagement for more than a month previous. At first, therefore, I was forced reluctantly to fall back upon the vague hypothesis of "auto-infection," despite all the precautions of cleanliness and pure air adopted from the outset. Subsequently, however, meeting the first nurse, who had been with us on the morning of the confinement, I learned, on cross-examination, that the lady from whose house she came to Mrs. D. had, at the end of the first week after delivery, an offensive odor of the lochia, a slight chill, and some abdominal tenderness, for which her physician had ordered a poultice. The symptoms, she assured me, lasted but forty-eight hours, and were so slight that neither the medical attendant nor she had attached any importance to them.

Three weeks had here elapsed between the apparent inception of the septic poison in the decomposing lochia in the first case, and its transfer to the second patient. During the interim, it might have been supposed that ventilation and ablutions would destroy its activity; and, indeed, no further puerperal trouble attended the ministrations of the nurse in question after a brief interval of rest at home. But these three weeks had been spent in the room wherein the virus had found lodgment; and notwithstanding the seemingly small amount of such virus (judging from its original effects,) and its presumable dilution with air afterwards to an almost homœopathic attenuation, there can be little doubt that a sufficient quantity had remained latent to act as a ferment when transported to a favorable nidus. I should not omit to state that the nurse's dress on the occasion of Mrs. D's confinement was a cleanly washed calico gown, putting out of the question the common danger of contagium saturation of woolen fabrics.

The episode recalls Professor Tyndall's recent account of his struggle with an infected atmosphere, and I place it on record as exemplifying the obscurity which may involve the source of an infective process in some easily overlooked minor grade of puerperal disorder, and the care which it consequently behooves the obstetrician to exercise in making minute inquiry into the antecedents of the attendants on his lying-in patients. Of the peculiar receptivity of such patients for even infinitesimal doses of a septic ferment, no new warning is needed.

A CASE OF AMNESIC APHASIA.

BY C. HENRI LEONARD, M.D.,

Of Detroit, Mich.

The first of March I was called hastily, to see Mrs. R., a widow lady, aged 38, of French extraction. The messenger stated that she was out of her head. On arriving at the house, I found Mrs. R. to be terribly excited over her condition, fearing immediate death. She was, to all appearances, and from all questionings, a woman of extraordinary health, never having been sick, except at confinement, in her life. She was rather fleshy, and seemed, as she afterwards expressed herself, too full of blood. That morning, when about her household duties, she was suddenly taken with this variety of aphasia, when trying to give orders to her domestic. The girl got frightened, and the messenger who came for me was called, but it was impossible then for him to understand more than half what she would say. She would start off properly enough with a sentence, then would use all manner of words, and sounds, with gesticulations, trying to make her meaning known. The names of the commonest objects she could not give. In questioning her I had great difficulty, oftentimes, in getting a rational answer, and even then I took it *cum grano salis.* She was cognizant of the fact that she was not pronouncing words correctly, and would suddenly place her hand to her head, and say, "O my, what is the matter with me; I can think, but I can't talk!"

On examination I found an accelerated pulse (probably from nervous excitement), a lowering rather than heightening of surface temperature; secretions normal; no pain anywhere; no paralysis; no turning of eyes or tongue; nothing except this aphasic difficulty, with a flushed face and excited nervousness. At first I was fearful of apoplexy; but soon changed my diagnosis to cerebral hyperæmia. On this diagnosis I ordered rest in bed, ten-grain doses of potassic bromide in camphor water, every three hours, and large doses of magnesic sulphate, so as to produce a half-dozen or so copious watery stools.

I learned afterwards the lady had been up for two nights with a sick person, and had been worried a great deal over the case and some business matters.

The next morning I found her a great deal better, though feeling weak, from the effects of the salts. The "loss of words" was still quite a burden to her, and occasioned her some alarm, though she could speak pretty long sentences without much hesitancy. I continued the same treatment as ordered the day previously. On the next day, when I made my visit, I found all hesitancy in speech had vanished; that she had passed a comfortable night, and was feeling pretty well, save weakness, from the action of the salts. I still continued the potassic bromide, in the same doses as before, but ordered it to be taken much less frequently, and this to be persevered in for several days, fearing lest there might be a return of her trouble. There has been, however, no return of it.

Some may criticise my lack of "faith in the lancet" in this case; but I justified myself that this extreme measure was not needed, from the fact that, had I acquiesced in her demands for its use, I might only increase her fears, leading her to think it was a "critical case." Secondly, I had full faith that the potassic bromide, with the cathartics, was sufficient to control the perverted nervous action, and with more lasting effect than could be gotten from general blood-letting. I am free to say that I am no believer in the use of the lancet except in extreme cases. I do not think the lancet in this case would have been of any use, except to lessen the chances of intercranial hemorrhage, which, on deliberation, I did not think was imminent.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF DR. R. J. LEVIS.

REPORTED FOR THE MEDICAL AND SURGICAL REPORTER.

Necrosis of the Upper End of the Femur.

This man, six years ago, received an injury about the hip joint. It was probably a fracture of the head or neck, in which case it may have been intracapsular or extracapsular. This, since its receipt, has caused a great amount of disease at the seat of the injury and in its vicinity, so that the patient has been suffering from continually recurring suppuration and inflammation of a somewhat violent character. There is probably necrosis in the superior portion of the right thigh bone. He fell thirty feet, striking upon his feet. It was said, at the time of the accident, that the hip had "slipped." You see here a hip with the general expression of coxalgia, or hip-joint disease. A rear view shows distinctly an effacement of the gluteo-femoral crease. You see over the region of the joint a number of openings or sinuses. A sinus leads downward to necrosed bone, either free, or encased in a sheath of callus or new bone. Here we cannot tell whether we are striking, with the probe, the old, or an involucre of new bone. Now you can hear very distinctly the sound peculiar to necrosed bone. Here in front the sound is plainer, and the bone is evidently bare. In the previous instance the bone was, generally speaking, bare, but it was covered with periosteum; here the periosteum has been removed. Here on the side, I should say we had the evidences characteristic of necrosis. He has necrosis probably involving the head or the upper part of the femur. The patient has been a sufferer for so long a time that the general nutrition has been interfered with, and it becomes necessary to allay his pain and check the drain upon his system. The amount of necrosis is, I have no doubt, considerable.

There are some points of interest regarding the structural changes following the injury, which I might discuss at length, but I desire to give you some practical points as to the manner of diagnosing fracture and dislocation about the hip joint. A line, or tape, drawn from the anterior superior spinous process of the ilium, backward to the tuberosity of the ischium, should, in the normal condition of the parts, pass directly over the upper margin of the great trochanter. I show you now what is known as "Nélaton's line," from the distinguished surgeon who called attention to it. Here is a fixed point. the anterior superior spinous process of the ilium; the tuberosity is another fixed point, and, if the head is in the acetabulum, the line will just pass along the top of the great trochanter. You can diagnose a dislocation by means of this line. Now, trying the line on the other side, the one not injured, you see the line between the two fixed points just runs along the upper margin of the trochanter. Now I try the line over the two points on the injured side again. There is evidently a great change of position here; the trochanter is felt beyond the line. We may have here a great amount of callus or a displacement of the trochanter; probably it is a large amount of new bone. The indications are to cut down upon the diseased bone, join the tract of these sinuses, and to remove the superabundant bone. I will operate before you at some future day, when the patient has made up his mind to have it done.

Varicocele Treated by Subcutaneous Ligation.

Here is a patient with varicocele. I shall perform an operation for ligation. I prefer, as a rule, to ligate, in cases of varicocele, with wire, but here shall use a silk ligature. Some of the veins are subcutaneous. I enter the scrotum, pass through behind the vessels [this manœuvre is illustrated with a handkerchief and the finger], and bring the ligature out. Reentering at the point of exit, I let the needle traverse the tissue superficially, and bring it out at the opening of entrance, thus surrounding the vessels subcutaneously. You see here a loop of the ligature on the side of the first exit; I pull it in and have the veins secured. Then I tighten it and put the threads through this disk of metal, and wrap each end of the thread around a separate little post on the disk, and then tighten the ligature from day to day, by tightening the threads on the posts alternately. Here is a very large varicocele on the left side of the scrotum. It is very unusual to find it on the right side. Patients do not suffer in proportion to the number of the veins, but in proportion to the size to which they are dilated. This is an exceedingly simple operation.

The veins must be separated from all the surrounding structures. The vas deferens feels like a hard cord, and it is easily felt. If you pinch it the patient will soon let you know that it is the vas deferens. Press it to one side, out of reach. I take up the skin, and pass the needle through the tissues; and now I have traversed the scrotum, and the ligature is behind the veins. There are two points, one of exit and one of entrance. The looseness of the skin allows me to approximate the openings, and I reënter the needle, the ligature being carried subcutaneously, and bring it out at the original entrance. I know, therefore, that I have the veins in the ligature. I do not tie the ends with a hard knot, as is often done, but I pull them tight, pass the ends through the hole in the disk, and fasten one to each post. On the day after to-morrow I shall tighten the ligature by drawing on one end of the threads; then, on the day after, I shall draw on the other end, and so on until the ligature eats its way out. The patient will be kept in the recumbent position, and treated on general principles.

Operation for Anchylosis of the Knee.

This patient has anchylosis of the right knee-joint. He says it has been stiff for eight or nine years. The joint became stiff at that time, and during all the intervening years it has been a source of inconvenience to him whenever he attempts to walk. Anchylosis, which causes this stiffness of the knee-joint, as I have told you before, may be fibrous or plastic union outside of the joint, or a bony union inside of the joint. Anchylosis is always caused by inflammation from disease or injury about a joint. He was hurt, in the first place, by a fall, nine years ago, in which he struck his knee. You see that his leg forms an angle with the thigh at the knee-joint, yet it is an inconvenience in walking. Most of the books teach that the knee-joint is better if anchylosed at a slight angle than if perfectly straight. This is not so; for this man's knee-joint forms an angle, and he complains that it is easily hurt. Oftentimes, in these cases, when an attempt is made to step up stairs, or to get out of or into a carriage, a fracture is caused; as a fracture is always more easily caused in a limb which is at an angle than in a perfectly straight limb.

Here I have elicited a little motion, and can appreciate it distinctly; but it hurts him. This is an important point in making the diagnosis between plastic anchylosis and a true synostosis. This motion may be deceptive; the femur may have moved at the hip. I called your attention recently to the differential diagnosis between fibrous and bony anchylosis. I told you that although making strong manipulation might not succeed in restoring motion at once, yet it will produce irritation and pain, which will be manifest to the patient on the next day, or after the lapse of some hours. I told you that if he had severe pain on the day following the manipulation, the anchylosis was fibrous. I propose, in this case of fibrous anchylosis, to straighten the leg after having previously flexed it. The great risk will be inflammation. We shall avert this by extension and the application of a bandage; a bandage well applied will support the parts and assist in combating the inflammation. We shall also apply pressure in the popliteal space, and cut off the supply of blood to the knee joint, by applying pressure along the femoral artery. I think we shall encounter no great amount of resistance, notwithstanding the length of time that has elapsed since the injury. We do not break up the adhesions in a case of anchylosis while the disease is active, but we wait until the inflammation has subsided.

At the knee, as at the elbow, we first flex, then extend. Extension and counter-extension are afterward to be kept up by means of weights, while we shall diminish the blood supply by pressure. Before operating for anchylosis, or, in fact, before any operation on the leg, the limb should be shaved and then the surface washed thoroughly. Adhesive plaster will not adhere well to an oily skin. A brush and warm water will effect the cleansing. Now, we may require leverage. We may use a fulcrum, or accomplish our object by bending the limb over the edge of the table. [A fulcrum is improvised by wrapping an operating case in towels] Before attempting to bend the leg, I want the muscles relaxed. The tendon which most resists our efforts in these cases is that of the biceps, or the outer ham-string muscle, which is inserted into the top of the fibula. If it should become necessary to cut any tendon, it would be that of the biceps.

I shall bring another case before you when this man is removed, which shows a deformity resulting from a contraction of the tendon of the biceps, causing a bend and rotation at the knee. The biceps tendon rotates the tibia outward; hence, when the leg is bent at the same time, knock-knee is the result. In a case of knock-knee the tendon of the biceps is the one at fault. It can be easily divided, if necessary, for it is subcutaneous; we must only be careful not to wound the peroneal nerve, which runs on the inside of the biceps. We bring this patient to the edge of the table and first employ flexion; the anchylosis yields very well to flexion. I have at times broken the tibia while attempting to break up an anchylosis; once in the case of a child, once in an adult. In the former case it was an epiphyseal fracture and resulted favorably; in the case of the adult, although it threw his knee forward a little, the joint I thus made answered very well. You see it is impossible to produce lateral motion of the patella while the leg is flexed, because then it is in the intercondyloid notch or groove. If I cannot move it with my fingers, I shall presently try other methods. I can probably do it by means of a heavy mallet with a roller intervening. The limb is held straight, and a block wrapped in towels is placed first on one side, then on the other, of the patella, which is loosened by striking smartly on the block with a hatchet. The hands of the assistant on the side opposite the blow serve to steady the limb.

There is now decided motion restored to the patella; we must next get the limb straight. Pressure being made upon the femur by the assistant, the leg is straightened in a line with the thigh. That is almost straight, and we have given him a knee with motion in it any way. We now want pads in the popliteal space and pressure along the course of the femoral. A bandage is applied from the foot up over the pads and femoral compresses. A long splint is put posteriorly, with oakum pads above the heel, to prevent bed-sores arising. The whole is applied to the limb by means of a roller. We will continue this simple dressing for a few days, and then keep up extension with weights, to the amount of fifteen or twenty pounds.

Deformity of Knee-joint.

This case is one showing structural alteration about the knee joint, differing, therefore, from the last case. Let us see how he can walk; he cannot walk without a cane or crutch. This is the knee which I spoke of a while ago. Most of the alteration about this joint is due to the element rotation which enters into the action of the joint. There is subluxation, which has been produced by rotation. The line of the thigh differs here from the line of the leg. The element rotation is produced by the biceps. Here is the line of the femur, and you see the tibia makes an angle with it.

The man comes to us and wants relief. I doubt whether we can do anything for him in a surgical way, but we may give him support by mechanical apparatus. In this manner we may also be able to overcome the eversion of the tibia and the inversion of the femur. Rotation is here, as I have said, a material element, resulting from an inflammation of the structures about the knee joint. The joint is not painful, yet I do not think we can accomplish a cure by any surgical way. But we will have an apparatus made with a pad to be placed inside the knee, and a couple of pads to be placed to the outer side of the thigh and leg, to make counter-pressure. He now walks with crutches, and cannot bear his weight on the leg, but with the apparatus applied he can probably walk without crutches or a cane.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Mountain Regions of North Carolina for Consumptives.

Dr. S. E. Chaillé says, in the last number of the New Orleans *Medical and Surgical Journal*:—

The section of country to which I now invite attention is thus described in the Statistical Atlas of the Superintendent United States Census, 1870: "In the high regions comprised between the Blue Ridge and the great chain of the Iron, Smoky and Unaka Mountains, separating North Carolina from Tennessee, we have the culminating portion of the whole chain of the Appalachians. Here, for an extent of more than 150 miles, the mean elevation of the valley from which the mountains rise is more than 2000 feet, scores of summits reaching 6000 feet, while the loftiest peaks rise to a height of 6700 feet." Asheville, having an elevation of 2250 feet, is located in the central part of this region, wherein I have passed from three to five months annually, during the four years 1873–5–6–7. My direct evidence as a practicing physician is limited to the neighborhood of the Warm Springs, on the French Broad River, and some 900 feet lower than Asheville: though often consulted by the resident population, I have never seen but one case of consumption—this in a mulattress not a native of this section. My hearsay evidence is more extensive, yet I have never heard of but two other deaths by consumption in this neighborhood; these were of a young brother and sister, in whom the disease was said to be hereditary, and whose family had not been long resident in this region. I have made repeated mountain excursions in all directions, and from twenty to sixty miles distant from Asheville; everywhere I was assured of the comparative immunity from consumption of all this section, and in most places my informants denied that the native residents ever died of the disease.

Because of the long and well-established reputation of this region, and of the superior requisites for the accommodation of invalids at Asheville, Dr. Gleitsmann, a resident of Baltimore, in search of a suitable location for the treatment of consumption in the mountains of the eastern United States, was induced to establish here, June 1st, 1875, his mountain sanitarium. The foundation, at his own private expense, of the first mountain sanitarium in the United States, in imitation of the numerous similar institutions which have sprung up in Europe since 1854, and are now in successful operation, suffices to at least prove that Dr. Gleitsmann—who is a highly educated and competent physician, fully posted in the theory and practice of consumption, and thoroughly convinced of the superior advantages of mountain resorts in its treatment—possesses that admirable trait of character which the French term "the courage of his convictions." The results of this initiatory venture during the two years, June, 1875, to June, 1877, are set forth in his "Biennial Report," recently published; and, inasmuch as I had good opportunity, having passed two weeks in this sanitarium in the fall of 1875, and again two weeks in the fall of 1877, to estimate the probable credibility of this report, I deem it a duty, because of my credence therein, to call attention to some of the facts presented.

During the first year 51 guests were received, and their stay aggregated 3548 days; these numbers were increased during the second year to 82 guests and 5717 days; facts which prove that this institution is growing, not only in favor, but also more rapidly than occurred in the European mountain sanitaria. Of the total 133 guests, 54 were patients, and only 43 were consumptives. While there is no disposition on the part of Dr. G. to over-estimate the importance of results observed in so small a number as 43 cases, it will still be admitted that if these cases have been carefully studied and conscientiously recorded, as I believe they were, they ought to furnish valuable instruction. The average time passed by these 43 consumptives in the sanitarium was only about ninety days each, and the results were that 3 died, 9 grew worse, 8 did not improve, 7 were perceptibly improved, and 16 so decidedly as in some of them to justify the belief that they were cured. Thus out of 43 patients presenting all of the various types and stages of consumption, the disease was apparently or certainly arrested in 23! This result, sufficiently surprising without further explanation, becomes even more remarkable, when the cases are analyzed as to the stage of disease. For, out of the total 43 consumptives there were only 26 whom I, or other advocates of mountain resorts, would have certainly advised to go to the sanitarium, and of these, 20 were improved or cured. Even this result is not, so far as my own position is concerned, a sufficiently favorable statement of the facts, for I have, as yet, never gone further than to urge mountain resorts for incipient consumption. Now, it appears that 14 of the above 26 consumptives, while enjoying a fair condition of general health, with constitutions comparatively unimpaired, did have extensive infiltrations or even slight destructions of lung tissue, while only 12 of the 26 were unquestionably cases of incipient phthisis. These last twelve cases, having only "catarrh of the apex and infiltrations of the smallest extent," resulted in one case "improved," and eleven cases "very decidedly improved or cured;" that is, in *every case* of incipient phthisis the progress of the disease was apparently arrested, and would probably so remain under a continuance of the conditions which led to the arrest.

Rhinoplasty by the Taliacotian Method.

At a meeting of the Clinical Society of London, Mr. MacCormac read notes of a case of Taliacotian rhinoplasty, and exhibited the patient, a healthy girl, aged sixteen, who had lost the tip and both alæ of her nose, when an infant, from the injection of a nævus situated on the nose with the Pharmacopœia solution of pernitrate of iron, which had led to sloughing. Mr. MacCormac determined to attempt relief by means of the operation of Taliacotius. The apparatus for keeping the arm in position consisted of a pair of ordinary stout stays, with two perineal straps attached to prevent displacement upward; a helmet, partly made of leather, connected to the stays by a leather band running up the centre of the neck and back; an armpiece, strengthened by a steel band moulded in leather, and extending from the wrist to the shoulder, where it was buckled to the stays; and a gauntlet for fastening the wrist and hand to the helmet; while the elbow could be fixed in any required position by straps running from it to the stays and to the sides of the headpiece. There was nowhere any undue strain, and the apparatus was applied for days before the operation, to accustom the girl to its use and remedy any defects in it. It proved to be so comfortable that she could sleep in it. A gutta-percha model of the part required to make good the deficiency was made, and thus the extent of the latter could be projected on a flat surface. On February 12th, 1877, a flap was mapped out on the inner aspect of the left arm, two-thirds larger than the actual size of the estimated deficiency; it remained attached to the arm by a broad long pedicle, and consisted of all the tissues down to the muscular sheath. A triangular gap was next made on the right side of the nose, and into this the flap from the arm was fitted, where it became partly united by the first intention. Subsequent suppuration occurred round the flap, but it had all united within three weeks. Then the operation was completed by detaching the base of the flap from the arm, and preparing the left side of the nose to receive it, where it was adjusted by sutures. In a fortnight healing was completed. The dressings of the arm and nose consisted of cotton-wool soaked in olive oil. The leathern apparatus answered its purpose completely, and without inconvenience. For the first two or three weeks after the operation, much contraction of the new nose occurred, but very little subsequently. The extensive wound in the arm had nearly healed on May 11th, 1877. The nostrils were kept dilated by india-rubber tubing. The improvement effected in the girl's appearance was most satisfactory.

Surgery among the Insane.

The London *Medical Record* has a translation of an article by Professor Tebaldi, on Surgery in Relation to Mental Disease. He shows that softening and atrophy of bone are common with the insane. These changes render the bones more brittle, and easily liable to fracture. They are especially noticed in the ribs, and deserve the attention of the surgeon, from the variety of causes and the slight amount of force required to produce a fracture. The putting on a strait waistcoat; a sudden movement of the arm, leg or body, made by the patient himself; a severe fit of vomiting or coughing, or violent muscular spasm, are all conditions which may give rise in such cases to fracture, and lead to suspicion of undue violence having been used.

Tebaldi observes that fractures of the ribs are not likely to be discovered in these insane patients during life. The absence of displacement, of crepitus, and of any expression of pain on the part of the patient, are circumstances which tend to throw the surgeon off his guard; and yet the fracture of one rib only may be a cause of death.

The knowledge that these changes do take place in the bones of the insane should teach the medical attendant caution in the application of personal restraint. The strait waistcoat (la camicolia di forza), when resorted to, should be applied without using undue violence, or fractures will result, which may not be discovered until after death, and only by a *post-mortem* examination.

It is well known that insane patients frequently refuse to take food, liquid or solid. In this case, surgical appliances are required for conveying food into the stomach. The practitioner is here cautioned respecting the use of feeding tubes, and the dangers that may arise from the violent resistance of the patient. Among them, Dr. Tebaldi specifies the passage of fluids or solids into the trachea, causing sudden death by asphyxia. He considers the better plan to be to pass the tube by the nostrils than by the mouth; and, in order to guard against the entry of the end of the elastic tube into the glottis, he advises that this should be slightly curved, and the convex portion oiled, and passed down in close contact with the posterior wall of the pharynx. The obstacle to the use of the tube by the nostrils is the narrowness of the parts through which it must be passed. The accidents which may attend this operation, even sometimes under skillful hands, are nasal hemorrhage, perforation of the pharynx, the injection of liquids into the trachea and bronchi, and vomiting during the operation. In one case, during the act of vomiting, the patient died from asphyxia (Merat).

The employment of the catheter to empty the urinary bladder is another surgical operation required for the insane. In cases of paralysis, the bladder is sometimes enormously distended, the patient, owing to morbid anæsthesia, giving no indication of pain or uneasiness. Under these circumstances, the surgeon must examine for himself. In all cases where the patient is suffering from general paralysis, the condition of the bladder requires close attention. Tebaldi found paralysis of this organ in many of his patients suffering from pellagra.

Local Artificial Anæmia as a Therapeutic Measure.

The London *Medical Record* quotes from an article by Dr. B. Cohn, a description of an attempt made in three cases to treat acute and chronic inflammations in the extremities, by temporarily rendering the limb bloodless by means of Esmarch's bandage.

Two of the cases reported were of an acute kind. One was an acute phlegmon of the toe, with inflammatory swelling of the foot, in which, after only fifteen minutes' application of the bandage, the inflammatory swelling and pain very notably diminished. The other case was a very painful diffuse inflammatory swelling of the fore-arm. After one application of the bandage, the duration of which is not mentioned, the pain, and, to some extent, the swelling, disappeared. Nor did they reappear when the compression was removed. Some tenderness continuing, the bandage was re-applied next day, with a completely successful result. On these two cases the author properly lays less stress than upon the following one. A child, three and a half years of age, had suffered for eighteen months from a white swelling in the knee. The disease had originated in a fall, and a well marked acute stage had been followed by a condition in which the chronic changes in the articulation, defined as tumor albus, were quite characteristic. The joint was swollen, painful, much flexed, and scarcely movable, either actively or passively. During twelve months, treatment had been pursued both in private and at the polyclinic; five gypsum bandages, which had been kept applied during twenty-six weeks, had, amongst other things, been tried. The parents finally had ceased to seek medical aid, and for some months the disease had been left to itself. At this time the child came under Dr. Cohn's care. The affected knee was an inch and a half larger in circumference than the other one, the bones felt thickened, the subcutaneous tissue was infiltrated, and the borders of the patella were difficult to make out. No effusion into the joint was discovered. Passive movements were very limited and painful, and the tenderness on pressure was considerable. The general condition of the child was otherwise satisfactory.

The treatment was commenced by applying the bandage only for a few minutes, but after four or five days it could be borne for an hour daily, and sometimes longer. Occasionally the application was made twice daily, when it was allowed to remain half to three quarters of an hour each time. After this had been practiced during a period of three weeks, it was found that the difference in size of the two joints was reduced from four centimetres, or an inch and a half, down to half a centimetre. The condyles had become restored to their normal form, the patella had become loose and movable, the pain and tenderness had completely disappeared, the amount of passive motion was increased, and there was no pain on movement.

Forcible extension was now practiced under chloroform, and was attended by a recurrence of the inflammation; but this was rapidly subdued by a continuance of the previous treatment. The final result was almost perfect cure; the little patient could walk and move the joint in all directions without pain; and the only trace of the previous disease which remained was a trifling amount of swelling and a somewhat impaired mobility of the joint.

On Infantile Paralysis.

At a late meeting of the Medical Society of London, Mr. William Adams read a paper on this subject. He especially referred to the clinical history of cases of infantile paralysis, distinguishing those characterized by rigid muscles, and frequently spoken of as spasmodic affections, from those distinguished by a flaccid condition of the muscles, and always recognized as examples of paralysis. He remarked that the cases of rigid muscles were occasionally met with at the period of birth, and were therefore spoken of as congenital; but they always occurred in connection with prolonged and difficult labor, and evidently resulted from acute congestion of brain and the upper part of the spinal cord, when some inflammatory changes occurred; and, in one *post-mortem* examination which he had made, thickening of the membranes and adhesions were found to exist at the base of the brain, and along the medulla oblongata. In these cases, both the legs and arms remain rigidly contracted, and such children are unable to walk or stand alone. In more severe cases, the mental faculties are also weakened; the children frequently squint, articulate with difficulty, and sometimes dribble, so that they have more or less an idiotic appearance. Similar cases, but generally in a less severe form, frequently occur between the ages of six and eighteen months, during the period of dentition. and are sometimes ushered in by convulsive affections. In some cases no apparent cause exists, and they are sometimes supposed to depend upon an accident. Cases of the second class included in the group of "infantile paralysis" are characterized essentially by a flaccid condition of the muscles paralyzed. This is the typical form of infantile paralysis, the essential or spinal paralysis of children, described by recent authors. These cases never occur at the period of birth, and usually not until the first, and sometimes during the second, dentition. They not infrequently result from some febrile affections during infancy, and sometimes as late as five or even seven years of age.

Cases in illustration of the suddenness of seizure and tendency to spontaneous recovery, were described. With regard to the seat and nature of the structural changes upon which this form of paralysis depends, the author relied upon and quoted the description given by Professor Charcot, in his recently published "Lectures on Diseases of the Nervous System." Under the head of lesions of motor nerve-cells, Charcot observes: "Infantile spinal paralysis is, up to the present, the most perfect type of the affections which compose this category;" and then he describes a condition of myelitis affecting the anterior cornua of the gray matter of the spinal cord, and this, existing to a greater or less extent, so as to admit of more or less recovery, satisfactorily explains the paralytic condition of the limbs affected. The author then described in detail the chief points of difference between the two classes of cases, and also the points in which they are generally found to agree. In both these classes of cases various contractions and deformities frequently occurred at late periods, *i. e.*, some years after the paralytic seizure; but much might be done to prevent their occurrence by the daily use of passive exercises and shampooing, and recovery of power was often contributed to by the use of galvanism. The mild continuous current was found to be especially useful in the class of flaccid muscles, whilst no good was ever done by galvanism in the class of rigid muscles. When deformity had taken place from permanent contraction of the muscles, tenotomy was generally necessary, but should be practiced with great caution, especial care being necessary, during the after-treatment, to secure good union of the divided tendon. In consequence of the feeble nutrition, more especially in the class of flaccid muscles, the reparative power is often very defective; and either non-union, or very feeble union, might leave the patient in a worse condition than before the operation. By the aid of tenotomy, however, and appropriate mechanical supports, these patients were often enabled to stand and walk, when they could not have done so without surgical and mechanical aid.

Tubercular Ulcer of the Tongue.

M. Nedopil, in the *Archiv für Klinische Chirurgie*, Band xx, remarks that the diagnosis of secondary tubercular ulcer of the tongue is generally not difficult, in the presence of other indications of tuberculosis. On the other hand, primary tubercular ulcer can often be scarcely distinguished from cancer unless a microscopic examination be made; while the failure of anti syphilitic remedies denotes that the affection is not a syphilitic ulcer, which often has a similar appearance. The tubercular ulcer of the tongue runs a course resembling that of cancer. A small hard nodule on the edge or upper surface of the tongue, which is often overlooked, at last falls off, and leaves a dirty ulcer, with an indurated base, which generally spreads more slowly than a cancerous ulcer. A cure can be produced only by early extirpation, which, perhaps, may arrest the development of general tuberculosis. The author has observed four cases in Billroth's clinic; two of the individuals were thirty two years of age, the others sixty-eight and seventy. In three cases the ulcer was extirpated, and healing took place in a few days. In the excised pieces, the tissue around the ulcer was studded with miliary tubercles, mostly toward the free surface. The morbid process appears to commence with a general transformation of the muscular tissue into a homogeneous, slightly granular plasma, containing proliferating muscle-nuclei. Later, the primary deposits become confluent, and giant cells are formed from the obstructed portions of the blood-vessels; in some of these Nedopil found cavities filled with brown pigment. The growth of the tubercle appears to take place partly through proliferation of nuclei (without cell-formation) in the interior, partly through metamorphosis of the neighboring tissue.

On Corns.

In a lecture at the St. Louis Hospital, Paris, on hypertrophy of the epidermis, M. Guibout observed that, while in callosities, the hypertrophy takes place at the surface, in corns the hypertrophied part becomes pyramidal, and takes the form of a nail, with its point directed toward the deeper-seated parts. This sharp point, lodged in a kind of cupola, which exactly boxes it in, has a tendency to penetrate into the substance of the dermis whenever the base of the corn is compressed. The portion of the dermis which is in permanent contact with the epidermic induration becomes inflamed and altered in character, its papillæ disappearing, so that at last it becomes a true matrix, destined to form deep, new, horny epidermic layers, in proportion as the more superficial layers are eliminated. Changes of the weather often give rise to great pain in corns, which has been supposed to be due to their hygrometric nature, which, by causing their enlargement, adds to the suffering. But, in fact, the exacerbations are less severe during the time that it rains than they are for some days preceding; and they are also met with when the weather is about to change from wet to dry. These painful exacerbations of the pain of corns are quite as remarkable and as inexplicable as are those of rheumatic pains. The sole efficacious treatment is excision, but care must be taken that this is complete. The summit of the cone must be cut down to, so as to entirely empty the dermic cupola. And then it is quite necessary to destroy by cauterization the inner surface of this cupola, *i. e.*, the matrix of the corn, which will otherwise be reproduced. The best caustic is sulphuric acid, of which we may deposit a drop, by a match or glass rod, on the excised part. If the corn recurs, the same processes of excision and cauterization must again be resorted to.

Occlusion of the Glottis.

The following case was reported by Dr. Tauber, of Cincinnati, O., before the Academy of Medicine. A man, aged 28, single, consulted me last week, stating that for two or three years he suffered a great deal from dyspnœa, hoarseness when he spoke above a whisper, and painful deglutition. His family history is good, the glands in the neck normal, no syphilis or phthisis. The laryngoscopic examination showed a singular and rare picture, and I think this case stands alone in the history of laryngoscopy. Telling the patient to phonate, I found a normal epiglottis, but no glottis, and instead a pinkish looking, smooth and flat band, measuring eight lines long, six lines wide, and three-fourths of a line thick, extending from the left to the right sinus pyriformis; thus the glottis was shut up by this band, which covered the arytenoid cartilage, the cartilage of Santorini and Wrisbergiani, false and true vocal chords of the other side. The attachment of this band on the right side was not as broad as on the left side, and ended in the shape of a funnel. On phonation I also observed a vibration of this band coming from the right side, where it was open to the extent of three or four lines; through this opening respiration went on. With the laryngeal knife I detached this band on both sides, removed the residue with evulsion forceps, and applied arg. nitr. in substance. The hemorrhage was slight. This procedure revealed a normal glottis. His voice is now, after seven days, normal and distinct. On a microscopic examination, found it to be a fibroma.

We remember, also, the Dr. reported, in 1875, the remarkable case, "The Removal of a Bullet from the Larynx," the man being shot in the neck twelve years ago, and the bullet remaining lodged in the sinus pyriformis for such a long time. The Dr. will write a thesis on both cases shortly.

Remarkable Fertility.

A medical friend in Vermont reports the following examples:—

About twelve years ago I was called to see a lady confined. She was delivered of twins. At the time, October 5th, she told me that two years previous to that time, on October 29, she was delivered of twins, and one year afterward, less five days, on October 24, she was delivered of triplets, and on October 5, following, of twins, at which I was present. Of the seven, only one lived over an hour. I attended a Mrs. R. at two confinements, each time of twins, eleven months apart, making four children in one year.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——We have received from the publishers a pamphlet of sixty-eight pages, entitled: "Transmission; or, Variation of Character through the Mother." By Georgiana B. Kirby. 12mo, paper. Price 25 cents. New York, S. R. Wells & Co. It must be confessed that the authoress calls a spade a spade, in a way that few of the masculine gender have the hardihood to do. She enters into the theory of heredity with a vigor of practical application that speaks well for her faith, if not for her science. As a contribution to the great question of the sexual relation, it is of interest.

——The second number of Dr. Delafield's "Studies in Pathological Anatomy" is upon the minute anatomy of the pleura. It bears out well the promise of the first number. William Wood & Co.

——Dr. M. Landesberg, of this city, sends us a report of 110 cases of the extraction of cataract by Von Graefe's peripheric linear method. He shows a perfect success in eighty-eight cases.

——The thorough article by Dr. S. E. Chaillé, of New Orleans, published in the New Orleans *Medical and Surgical Journal*, on the American Mountain Sanitarium at Asheville, N. C., has been reprinted in pamphlet form, and may be had of the author. We give an extract from it elsewhere.

——A physician of Savannah has translated and published an excellent practical monograph, entitled "The Yellow Fever at Havana; Its Nature and Treatment," by Charles Belot, M D. In view of the intense malignancy of this disease, and its threatening aspect at Rio and Havana this spring, this publication is most timely (pp. 53. Morning News Printing House, Savannah, Ga.). Dr. Belot succeeded his father as director of the Yellow Fever Hospital at Havana, where more than a thousand cases of the disease are treated annually.

——In a reprint from the Cincinnati *Lancet and Observer*, on "Phthisis," Dr. Charles G. Polk, of Philadelphia, gives his views of the treatment and pathology of this disease. He claims unusual success with his methods.

——"What am I," is the title of the valedictory address to the students of the Medical Department of the University of Louisville, by Dr. J. M. Bodine. Needless to say, the question remains unanswered, and we have seen various guesses which we think nearer the truth than the reply this speaker proposes.

BOOK NOTICES.

Essays on the Treatment of Skin Disease. By Balmanno Squire, M B., London. J. & A. Churchill, London, 1878.

This publication comprises a series of essays, published separately in pamphlet form. Nos. II and IV are before us. The former is on the treatment of chronic eczema by a glycerole of the subacetate of lead; the latter on the treatment of psoriasis by an ointment of chrysophanic acid (prices, one shilling, and two and sixpence, respectively). The name of the author is a sufficient guarantee of the value of these essays, and the ample appendix of cases which he adds to each essay vouch for the thoroughly practical character of his work. The remaining essays are on lupus, and on port wine mark and its obliteration without a scar.

The Source of Muscular Power; Arguments and Conclusions drawn from Observations upon the Human Subject, under Conditions of Rest and of Muscular Exercise. By Austin Flint, Jr., M. D., etc. New York, D. Appleton & Co. pp. 103. Cloth. For sale by J. B. Lippincott & Co.

Dr. Flint gives us here a very careful study of one of the most interesting questions in physiology. This question is, whether the muscular system accomplishes its actions like a machine, by the consumption of food; or whether it works at the expense of its own substance, and the part played by food is to supply the waste of that substance. The theory first mentioned has been taught by Pavy and most other recent physiologists; but in this able essay it is attacked and apparently demolished by Professor Flint, whose experiments show that the direct source of muscular power is to be looked for in the muscular system itself, and that exercise involves the destruction of muscular substance to an extent measured by the secretion of nitrogen.

THE
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D. G. BRINTON, M.D., EDITOR.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

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PARKS AND GARDEN SCHOOLS.

Of the problems which now are pressing on the attention of the sanitarian, the growth of large cities is one of the most serious. The tendencies of modern life set strongly toward grouping population in masses, to building cities of enormous size, and necessarily, to confining many in narrow areas. Facilities for rapid transit counteract, in some degree, this general tendency, but not sufficiently to overcome its deleterious effect on health.

That this effect is real and disastrous, is only too palpably shown by abundant statistics. For an illustration, we may make a comparison, according to the census of 1875, of the area and deaths of the Fourteenth and Fifteenth Wards, New York city. The former Ward, with an area of 96 acres, and a population of 26,453, had 661 deaths, excluding those who died in institutions, during the year, and the Fifteenth Ward, with an area of 198 acres, and a population of 25,529, had 436; or with little less than half the area, and but 924 more inhabitants, the Fourteenth Ward had 225 more deaths.

Of the suggestions which have been proffered to improve the health as well as to add to the beauties of cities, few have met with more general favor than the establishment of parks. This subject has recently received an impulse, through the labors of Dr. Edward Seguin, of New York, who has developed, with much fullness of thought and force of style, the hygienic and scientific uses of public grounds. He especially points out their value for the acclimatization of foreign trees and plants beneficial to public hygiene, and for the better instruction of youth in natural history. The trees to be selected should preferably be those of febrifugal properties: the eucalyptus, where it will flourish; or, in more northern latitudes, the Balsam of Gilead, the American poplar, willows, cedars, pines, terebinths, various juglans, etc.

Parks should contribute to public education by being transformed into garden schools, where botany, sylviculture, floral decoration, animal life, open air gymnastics, etc., could, with pleasure to the pupil, be practically instilled into his mind. Geology, mineralogy, zoology, many branches of agriculture, such as the care and raising of bees, birds, poultry, silkworms, etc., and a hundred other useful arts and applied sciences, could be favorably taught in such garden schools.

Such are the topics urged with much vigor by Dr. SEGUIN, and it is to be hoped that his words will not fall unnoticed on the ears of the public. The moral and social health of the people of the great city for which he especially writes is at stake in the matter, and with it the fate of many other parks in other cities. Already, in our own, the central and largest open space planned by its founder has been filled up with an immense and gloomy mass of masonry, and efforts are constantly making to sacrifice others in the same way. The good taste and the good sense of the people have been appealed to in vain, and it rests with the energy of the few, those largely of our own profession, to prevent further spoliation and save what remains.

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NOTES AND COMMENTS.

Ladies in the British Medical Association.

Two female physicians have been admitted into the British Medical Association, much to the indignation of a great many of its members. Several of these gentlemen have intimated their intention to resign unless their daring intruders are expelled. But these doctors whose feelings have been so sadly outraged do not receive the sympathy they probably looked for from the British public. The London *Times* says, on the subject:—

> It has never been the habit of our country to enforce opinions of this kind. Free scope is left to new schemes which concern the individual only. They may live or die according to their vitality. When we come to the supposed injury to the public in supplying incompetent doctors, we touch ground really substantial, an argument within the immediate province of public men, and were the objection made out it would be conclusive. As a matter of fact, however, the few ladies who for some years past have practiced medicine are certainly equal to the average medical practitioner, nor have any counterbalancing disadvantages been yet discovered. The resistance of the medical profession to the admission of women to degrees in this country too closely suggests the trades-union rule restricting the number of apprentices in a particular business, to gain much popular sympathy.

Marriage as Preventing Insanity.

A German alienist, Dr. Dick, in a recent number of the *Irrenfreund*, discusses the question whether the marriage of women preserves them against relapses of insanity. Taking the women under thirty years of age who left Klingenmünster during a period of sixteen years, twenty-three have been married, and nine have required to return to the asylum. He also ascertained from the Burgermeister, as far as is known, the fate of all the young women discharged, and found out that the greater number of relapses took place in single women. As the result of his inquiries whether marriage is a preservative for women against relapses into insanity in youth, Nasse supports the same opinion. One can marry with a good heart; it is twenty-two against one that there will be no relapse, but if the girl does not marry, there is a danger of relapse of twenty-two in fifty-one. One need not be astonished that three-fifths of the young women who leave Dr. Nasse's asylum succeed in getting husbands; the natural ardor women show in this pursuit will be largely increased by their appreciation of it as a prophylactic measure.

The Vibrios of Septicæmia.

At the meeting of the Academy of Medicine, January 21, 1878, Pasteur communicated a note on the question of septicæmia, for the consideration of surgeons. The vibrios of septicæmia are essentially anæroliotic, the contact of atmospheric oxygen kills them; when, on the other hand, they remain *in vacuo* or in a medium of carbonic acid, they are transformed into germs which the air does not kill. But these germs do not develop in the air, or in oxygen; for their further evolution, carbonic acid is necessary.

Lectures to Practitioners.

A physician in Illinois writes us in reference to the suggestion we made in the REPORTER, March 16, p. 216:—

"Permit me to say *Amen* to your suggestion for 'Lectures to Practitioners' in the last number of the REPORTER. I believe there are thousands of physicians who would gladly avail themselves of such opportunities as you intimate were they given by any or many of the leading medical colleges in this country."

Successful Gastrostomy.

Verneuil's case of gastrostomy has been the only successful one on record, until quite recently, when Dr. F. Trendelenburg, of Vienna, reports another. A boy, aged seven years, the subject of impassable stricture of the œsophagus, from swallowing caustic potash, had fallen into extreme marasmus. Gastrostomy was performed without bad effects, and two days afterward nourishment could be introduced into the stomach through the small resulting gastric fistula. A small drainage-tube, of the thickness of the little finger, was introduced into the fistula, into which was passed a thicker glass tube, having attached to it an elastic gum catheter reaching to the mouth. When the boy wants to eat, he chews his food and expels the masticated mass through the tube into the stomach. Four months after the operation the boy's weight had increased by one-fourth.

CORRESPONDENCE.

Dialysed Iron Administered Hypodermically.

ED. MED. AND SURG. REPORTER:—

A lady, aged twenty-six, married about six years, began to decline in health shortly after her second confinement, which occurred about two years ago. She had lost all appetite, and suffered with dyspepsia to such a degree that the blandest and least irritating foods were rejected by the stomach almost immediately after eating. She became profoundly anæmic and very much prostrated in physical strength. Her baby, which died from acute hydrocephalus when a few months old, had frequent convulsive attacks during its sickness, and shortly after its death the mother was seized with convulsions (hysterical) very violent in character, and so frequent as to require the constant presence of attendants and to produce the greatest alarm in her friends.

About six months after confinement her menses appeared, frequently recurring at the end of every two weeks, the quantity and character being very scant and pale. Specular examination revealed ulceration of the uterine os, which soon healed under the local use of nitrate of silver and syringing of the part.

Her general condition, however, did not improve much, the stomach continuing to be irritable and rejecting foods and medicines alike, when exhibited, after trying in succession milk and lime water, bismuth, creasote, opiates, granules of nitrate of silver, etc., internally, with all sorts of counter stimulants externally. All therapeutic measures for the improvement of existing anæmia were useless, on account of the stomach's failure to digest and assimilate any of the ferruginous preparations introduced into it. For nearly eighteen months the patient subsisted upon stimulants, and such small quantities of food as her stomach would retain, with injections into the rectum of milk and beef tea, as often as the patient could be prevailed upon to submit to that operation. During a portion of this time she had convulsions every day, some seizures lasting four and five hours, and terminating in perfect rigidity of the muscles of the back and extremities, and but for the faint pulse and slight respiration, in apparent suspension of life.

In the early part of October, 1877, I procured some dialysed iron, from Wyeth & Bro., Philadelphia, with the purpose of giving it hypodermically, as the patient's stomach was then too irritable to bear large or frequently-repeated doses of the medicine, and commenced by giving eight minims, combined with an equal quantity of water, two, three, and four times a week, as my time and the patient's inclination permitted, the injections being usually given in the fleshy part of the arm. The iron, in most cases, produced very little irritation beneath the skin, and in no case did inflammation or abscess supervene. The doses of the medicine were latterly increased to sixteen minims, with water in the same proportion, and given with the former frequency, or rather infrequency, and at the end of four months I see a marked change in the appearance of my patient; her stomach is less irritable, and she can at present eat an ordinary meal of mild, nutritious food, very seldom vomiting; her menses have returned more regularly and more natural in appearance; she has had no return of the convulsions for nearly two months, though she says that she has felt them slightly on several occasions. Sewing and light housework she can now do without much fatigue, and is free, to a great extent, from those severe pelvic pains which formerly caused so much annoyance and suffering. I feel very much gratified with the results obtained by the use of this preparation of iron, and should not hesitate to administer it in the same manner in other cases, should the opportunity offer.

Another means of which I have availed myself to introduce this iron into the system, is to saturate a small pledget of cotton with about thirty minims of it, and introduce it into the vagina, where the mucous membrane offers a large surface for its absorption. I think I have seen a few patients benefited by this procedure.

M. Diehl, m.d.

Jeddo, Pa., March 11th, 1878.

Treatment of Hour-glass Contraction.

Ed. Med. and Surg. Reporter:—

In your journal of March 2d, 1878, I notice the report of a case of hour-glass contraction before delivery, by Dr. J. N. Page; and as the doctor solicits criticism on its management, I will, in all courtesy, state what I should have done had I been called to the case in question. In the first place, I would have given chloroform, or ether. It is true, Dr. Page says he had no one to assist him in its administration, and therefore could not use it. But I am sure that I could administer an anæsthetic more easily than I could apply the forceps, which the doctor did.

I never met with a case of hour-glass contraction before delivery, but with many, after delivery; and I never knew chloroform to fail to cause a relaxation of the contraction—it has always succeeded promptly, in my hands, when the patient was brought fully under its influence.

Again, the doctor says: "Fearing hour-glass contraction on the cord, I introduced my fingers far enough to pierce the placenta, and brought a part of it through the os uteri, and then waited for the contractions of the uterus to expel it." Why did he leave it in the os uteri? Why not deliver it at once? In my younger days, when I had to rely upon my text books for a guide, I used to sit by the bedside of my patient, sometimes for hours, waiting for the expulsion of the secundines by the unaided efforts of the uterus. Well do I remember the anxiety and fear I felt for my patient at such times, lest an exhausting, or, perhaps, fatal, hemorrhage should occur. Such practice is simply a waste of precious time, and also subjects your patient to unnecessary danger. For the past ten years I have invariably removed the secundines as soon as the cord was severed and the infant disposed of. Sometimes I meet with the placenta in the vagina; sometimes in the os uteri; then again at the fundus, and perhaps adherent; but it matters not where found, I take it away, and have never had cause to regret it. Be gentle, cautious, and take plenty of time, and I assure you no harm will result from your manipulations. Therefore I would not have left the placenta where the doctor did, where tonic contraction, with rigidity of the os, might have rendered its removal quite difficult.

As to the use of the forceps in this case, I would have anticipated failure. I would suppose uterine contractions very feeble, indeed, if the fœtus could be safely extracted by such means.

D. C. McCampbell, m.d.

Mt. Pleasant, Miss.

Carbolic Acid in Piles.

Ed. Med. and Surg. Reporter:—

In all cases of hemorrhoids or piles, either internal or external, recent or long-standing cases, I use the pure carbolic acid and olive oil, equal parts. With a good speculum I proceed to operate upon the uppermost pile first, injecting with a good hypodermic syringe of carbolic acid and olive oil, equal parts, say 4 to 6 drops, and in the course of twelve hours I proceed with the next pile, and so on, until I have injected them all. I believe the oil and acid is better than the acid alone, as I have operated a number of times, and had better results with the oil and acid mixed. The operation in my hands is perfectly painless, if the parts have been previously bathed in warm water, say 100° Fahr. Always have the bowels opened freely the day before. I am so well pleased with the operation that I believe it will wholly supersede all other operations for hemorrhoids, either internal or external.

P. S.—I would like to hear from the profession, through your journal, the results of their operations for piles with the above remedies.

Hendersonville, Tenn. H. I. Wells, m.d.

Post-Nasal Catarrh.

Ed. Med. and Surg. Reporter:—

The following treatment of post-nasal catarrh may not be new to many of your readers, but I have never seen it in print:—

℞.	Cubebs pulv.,	℥j
	Chamomile flowers,	℥ss.

Mix thoroughly. To be put into a common tobacco pipe and smoked, puffing the smoke through the nostrils. It should be discontinued if a fresh attack of nasal catarrh set in, and resumed as soon as the inflammatory symptoms commence to subside.

J. W. Bard, m.d.

Poland, Ohio.

Treatment of Pneumonia.

Ed. Med. and Surg. Reporter:—

At this season of the year, when pneumonitis frequently occurs, and is in some places prevalent, I wish to call the attention of those members of the profession who are not in the habit of using it, to a remedy which has frequently been recommended in medical journals, though but casually spoken of in many text books; I allude to the drug, carbonate of ammonia.

Many persons, on reading an article like this, conclude it "some fellow's brain fancy," or one's "vaunted panacea;" such, I think, is not the case here; infallibility in drugs, as well as most other things, I have long since abandoned hope of finding (excuse digression), but have found, in treating pneumonia, the drug in question a valuable internal stimulant and detergent remedy. Some may desire to know more fully how and when it is to be used; I answer by giving, briefly as possible, my general mode of treating pneumonia as it usually occurs: commencing at the crepitating stage, I apply emp. epis., over crackling surface, followed, after vesicating, with warm meal poultices; see that the bowels are sufficiently open, often using for that purpose calomel, in ten-grain doses, with or without an anodyne, to be followed in eight or ten hours with castor oil or magnesia; then the following or similar combination, which generally renders the expectoration more copious and mucous in character, lowers the pulse and produces gentle diaphoresis:—

℞. Ammoniæ carbonatis, ʒiij
Aquæ, f.℥ij
Solve et add.,
Tinct. opii camp.,
Spt. ætheris nit., āā f.℥j
Liq. ammo. acetatis, f.℥iv. M.

Sig.—Dessertspoonful every three hours, in half wineglass or more of water.

Possibly a two-grain quinine pill midway between each or every second dose of solution, with pulv. ipecac. et. opium at night, if required, in sufficient dose to quiet cough and produce or promote sleep. This treatment, in adult cases, varied according to circumstances, I generally find sufficient; but should the disease advance, the pulse become extremely feeble and rapid, the countenance pallid, with cold sweat upon the skin; in short, a supervention of that stage closely bordering on disintegration of tissue, then my chief reliance is upon this preparation of ammonia, conjoined with brandy or wine whey, pushing it (if the stomach will tolerate) to scruple or half-drachm doses, well diluted every hour or two; and I think I have, by its persevering use, seen the wrestling Jacob changed to prevailing Israel.

John S. Aydelott, m.d.

Snow Hill, March 18th, 1878.

News and Miscellany.

The Temptations of Physicians.

In the admirable valedictory address of Dr. William Goodell, before the graduating class of the medical department of the University of Pennsylvania, occurs the following passage, which cannot be too deeply pondered by every one of our profession:—

"Do not, oh friends, oh brothers, do not, I beseech you, be cajoled, either by the ties of friendship, by the tickle of flattery, or by the glitter of gold, into doing anything that involves the loss of self-respect and of professional dignity—into doing anything that is not right. Have "a keen and precious hatred" of everything bad, for strong, very strong temptations will be thrown in your way, hard, very hard, to resist. The honor of a family is at stake, and you will be besought to save it. A man of doubtful sanity lies a dying, and you will be asked to yield to a friendly bias in giving evidence in favor of his mental vigor and testamentary capacity. A crime has been committed, and the tears and appeals of the criminal's kin will be brought to bear on you, to give such evidence as shall tend to make him irresponsible. A patient with some organic disease, or of intemperate habits, will wish to effect an insurance on his life, and you, fearful of giving umbrage, will be sorely tempted to testify to his soundness or sobriety. You will be called upon to explain the absence of some pleasure-seeking official, by giving a certificate of illness. When summoned to courts of law as medical experts or as medical witnesses, you will find it hard to resist an unbecoming bias toward your client. Before the paint on your signs is fairly dry you will be approached by those who spurn the tender name of mother. Yours is a holy calling. Turn, therefore, a deaf ear to all such appeals, and swerve not a hair's breadth from strict uprightness. He who barters honor and honesty for gold gains nothing but the contempt of those who use him as their tool. Remember, besides, that you will one day answer for it, unless you keep your hands and your hearts clean, before God and man."

Results of the Temperance Hospital.

The London Temperance Hospital, established four years ago, for the express purpose of treating patients without the use of alcohol, does not seem to have met the expectations of all its friends. The mortality and the continuation of diseases in this hospital differ but little from other well-conducted institutions; but indications that alcohol is not necessary as a medicine are quite conclusive.

Personal.

—Last week the death was announced of Dr. J. Ellwood Painter, medical storekeeper at Nagasaki, Japan. He was about thirty-five years of age. He received his education at Perth Amboy, New Jersey, and graduated, in 1862, at the University of Pennsylvania. He secured a position of surgeon in the army, and was first stationed at York, Pa. He was afterward Chief of the United States Hospital at Harrisburg, where he remained until the war closed, when he entered the navy, and was shortly afterward attached to the Asiastic squadron, and was in charge of the medical depot at Yokohama. Two years ago he was placed in charge of the medical depots at Nagasaki. His death is believed to have been from cholera.

—A well-known philanthropist, Dr. Edward Bleecker, died in New York last month. He was seventy-four years of age, and had not practiced his profession for twenty years. After he gave up his practice he devoted his time to the preaching of the Gospel to the poor and the fallen at Blackwell's Island, Sing Sing Prison, New York Magdalen Asylum, Colored Home, Half Orphan Asylum, and the Peabody Home, and was known in almost every charitable institution in this country. His father, Leonard Bleecker, was an officer under General Washington, and Bleecker street, in New York City, was named after his grandfather.

—Professor Peter, who has recently been elected to the Academie de Medecine, of Paris, was, a few years ago, a proof reader. Velpeau, who was apprenticed to a farrier, hardly knew how to read and write when he came to Paris. Demarquay worked as a peasant, from eleven years of age, and when he came to Paris, at fifteen, could scarcely read or write. M. Péau, one of the most employed and fortunate of surgeons, takes a pleasure in relating that he tilled the farm of his father until he began to study medicine. Hunter was a journeyman cabinet maker. Of such stuff come the heroes.

—Dr. Joseph Heritage died March 28th, aged about fifty-five years. He was a practicing physician, and had his office in Catharine street, above Fourth, for many years, having a large and valuable practice. About twelve years ago he was one of the vaccine physicians under appointment of the Board of Health. He was a member of the Masonic Order, and of the Order of American Mechanics, and was active in those organizations.

Items.

—The pamphlet containing lectures by Drs. Pepper, Wood, etc., noticed in REPORTER, p. 174, has been reduced in price to 25 cents.

—Dr. Wild, who certainly seems to justify his name in the theory he has recently advanced, is endeavoring to convince the English people that Queen Victoria is a royal descendant of King David.

—Dr. Burnett will read a paper, entitled "The Growth of Aspergillus in the Human Ear," before the Pathological Society of Philadelphia, at 8 P. M., on Thursday, April 11th, at the hall of the College of Physicians, Thirteenth and Locust streets.

—There are 9000 patients in the military hospitals of Erzeroum. In the English hospital, containing 300, one-half were cases of typhus. Of 36 doctors, only 6 were able to work. From 200 to 300 are daily removed from the hospitals to the cemeteries. The graves are so shallow that summer will bring pestilence.

Pure Wines.

We would call attention to the wines and spirits of Messrs. W. & A. Gilbey, mentioned in our advertising columns. These are bottled in England, in bond, and exported to this country with the Messrs. Gilbey's seals and brands on the corks, thus supplying convincing guarantees of the purity of the contents. No firm in England ranks higher than the Gilbeys, and for medical purposes we should prefer their exportations to any others we know. The prices are remarkably reasonable for the quality furnished.

Old Time Fees.

A writer in the Boston *Advertiser* gives some curious extracts from the day book of a physician in New Hampshire, 50 years ago. He says:—

We turn to the date of 1826, and run over a month or two of his charges, to get the average rates of his tariff in those days. We run across many tooth-pulling items. The charge is always the same, 17 cents. Visits to patients, where no charge was made for drugs, are entered at 33 cents. But the country doctor was then also a traveling apothecary. In a dingy, small black trunk, he carried the tooth-puller, a lancet or two, and a small stock of the druggiest kind of drugs—tough old favorites of the heroic practitioners of the old school—a small list of which were made to do service in all sorts of diseases, and which were administered in heavy doses, as the old book of charges shows. But though the medicines were heavy the charges were light. Fifty cents often covers a visit and the cost of several medicines furnished.

The heaviest charges upon the doctor's books are for certain visits requiring often all-night detentions. One of these, which may be taken to illustrate old-fashioned medical rates, stands thus: "John Rollins, to an all-night visit to his wife, $2.50." There is no larger single charge in the book than this. John lived seven miles away, in a neighboring town, and this charge covered the long ride in that old gig, perhaps in some dark and stormy night, over rough roads, and a whole night away from home.

These ancient fees are in strong contrast to, for instance, $250, for two laryngoscopic examinations—a charge actually made in this city by a regular physician, within a year, so we have been informed, on credible authority.

QUERIES AND REPLIES.

Hemorrhoids.

Dr. J. W. B., of Ohio, asks the particulars for the so-called radical treatment of piles by carbolic acid.

A correspondent in this number explains his method. He will also find it described in the REPORTER, vol. xxxv, p. 405, and in Napheys' *Surgical Therapeutics*, p. 301.

Dysmennorrhœa.

If "Long Island" will use the following—

R.	Hyd. c. corrosivi,	gr. j
	Ferri et pot. tart.,	scruple j
	Tr. stillingeæ,	ounces iij. M.

SIG.—Teaspoonful every six hours, in water.

and can get his dysmenorrhœa patient to adopt the usual hygienic rules, he will cure her.

Jefferson, Texas. A. P. BROWN, M. D.

Dr. F. R., of New Jersey, asks for information regarding Gentiana Quinqueflora and Grindelia Squarrosa; whether they are as efficient antiperiodics as quinine or not. Also, for suggestions in a case of chronic periodical uterine and ovarian neuralgia, of two years' standing, complicated by chronic endometritis. Age of patient 14 years.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1102.] PHILADELPHIA, APRIL 13, 1878. [Vol. XXXVIII.—No. 15.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SUGGESTIONS IN THE TREATMENT OF SPINAL DISEASES AND CURVATURE.

BY E. H. COOVER, M D.,
Of Harrisburg, Pa.

The inception of spinal disease and curvature seldom arrests the attention of the physician until some reflex action takes place demanding his aid. Recently, the subject has attracted notice, through the energy and skill of Drs. J. K. Mitchell, Benjamin Lee, of Philadelphia, and Drs. Jacob A. Wood, Taylor and L. A. Sayre, of New York, all of these making efforts toward suspension by some means, between the ilia and occipito-vertebral articulation, and to secure some mechanical support or splint to retain the proper position.

Dr. Sayre's apparatus for suspension fulfills the condition, and places the patient under complete control. His plaster-of-paris dressing, which I proposed in Case 1, was objected to; hence an endeavor, on my part, to use something less disagreeable; recollecting that some years since the use of silicate of soda dressing for fractures of the thigh was frequent, I thought that such an application as a substitute for the plaster-of-paris might be acceptable and efficient; it proved so. Herewith are presented the results of private practice cases coming under treatment; they are all favorably improving:—

Case 1.—Female; white; married; aged 35 years; normal height, five feet nine inches; weight, about 140 pounds; consulted me November 1st, 1876, for supposed uterine disease; upon examination discovered none. She, however, complained of languor and uneasiness in the back, though not enough to cause either herself or myself to think seriously of it. I directed her to take tonics; she used them for several months, with an occasional belladonna plaster. After this period the spine trouble was more prominent, when I used slight counter-irritation, with tonics, for several months longer; she became discouraged; discontinued treatment. September 14th, 1877, she again consulted me. Her symptoms were more aggravated; had a haggard countenance, suffered pain, and was anæmic. I noted that she frequently changed her position while seated. Upon inquiry found that she was continually making fruitless efforts to be comfortable.

Examination.—The spine tender, from the seventh cervical to the last dorsal vertebræ, and indications that periosteal inflammation had taken place, with bulging of interosseus muscles; height five feet, seven inches. I recommended Dr. Sayre's plaster dressing. She disliked it very much, because some one informed her that it would fill her clothing, etc., with dust. I suggested a course of treatment pursued by me for twenty-six years—to put the patient to bed, and keep a pustular eruption along the spine; where means permitted this was frequently successful, but it was out of the question here. Upon consideration, recommended the application of *silicate of soda.*

Application, September 20th, 1877.—Placed a closely-fitting merino shirt upon the patient; suspended her by the pulleys of Dr. Sayre; after extension had been made, a roller bandage of unbleached muslin, three inches wide, was passed around the body downward from the armpits, making "turns" where necessary; then with a paint brush covered the surface with the soda solution; a cap of light tin, muslin covered, wet with the solution, over the crests of the ilia, and a similar brace from over this cap to the axillæ; ran strips of muslin perpendicularly downward over the whole bandage, covering them with the solution; lastly enveloped the trunk in a roller bandage, as at first, varnishing it all over with the soda. Lowered the patient, permitting her to lie down for three hours in a warm room, when the jacket will be dry enough to remove by cutting it open along the spine. Any roughness on the interior is removed by malleting on a shaping block; then remove about an inch from each of the cut edges; finish the inside with flannel; trim the edges, fasten straps or use lacers, and coat over outside with the soda; let dry, when it is ready for use. The patient was again suspended, the corset applied over the merino shirt, as before; it was securely fastened with the straps, and gave instant and permanent relief.

Progress.—On Feb. 25th, 1878, her condition had much improved; suffered no pain, had good appetite; regained her natural height, 5 feet 9 inches; visited Philadelphia and some parts of New Jersey. The muscles of the back have developed so much as to require a new bandage; she has gained 18 pounds. I constructed an improved one, using the merino shirt as before, enveloping it in a bodice of unbleached muslin, extending from the shoulders to three inches over the crest of the pelvis; coated it with soda; placed two covered braces of tin, each one and a half inches wide, from the spine of the scapulæ to the posterior portion of the iliæ, which left a space of from one to two inches between them; then two braces cut along the edge of the bottom and sides, at intervals of one inch, one inch in width, to extend from the axillæ to two inches over the hips, being three inches wide at the top, and six inches at the bottom, muslin-covered, varnished with soda solution; wrapped the trunk with a three and a half inches bandage, from above downward, covered with soda solution; stayed with perpendicular strips, wetted with the solution; incased the whole in a second fitted body, painting it with the soda solution when it was completed; this required about three-quarters to one hour. The patient was removed, and in five hours the corset was taken off, trimmed and replaced as before. Weight three pounds.

Fig. 1.

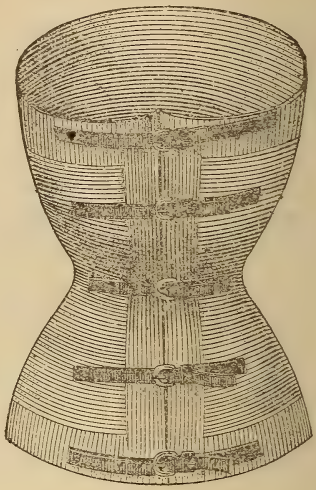
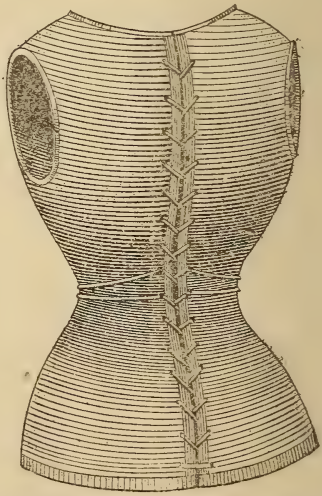


Fig. No. 1 shows jacket worn five months, retaining its hardness and shape; it became too small, and I was obliged to make another, upon which I improved, as represented in Fig. No. 2. Weight three and a half pounds.

Fig. 2.



Case 2.—Female, white, single, aged 21 (Oct. 19, 1877), of healthy family. She has suffered in her back for a year; dates it from her school life, when between 18 and 19; cannot long retain any sitting position, but must constantly change, to secure ease. She had been treated

by her local physicians, but no mechanical means used for her relief. Examination revealed tenderness of the spine, extending over the first five dorsal vertebræ; a disposition to lean forward, causing the back to bulge, but exhibiting no curvature. I placed one of the silicated soda bandages upon her; she had relief from pain, and is rapidly improving.

Case 3.—Curvature; female; white; married; aged 30; December 15th, 1877. Suffered, when I first saw her, from what I considered an acute lumbago. She improved slightly, but would relapse. February 3d, 1878, saw the patient; then noticed, for the first time, a depression of the right shoulder, because heretofore I had seen her reclining. Closer inquiry developed the disease: Examination showed the arc to the left side, from one-half to one inch; sensitiveness of the four last dorsal vertebræ, with bulging of the muscles. Some eight months since she fell down stairs, but did not attribute the trouble to that accident. She has suffered from numbness of the side, limbs and arms, and used ineffectual remedies. I applied the jacket, with much relief and excellent results, so far. March 14th, 1878, all the above symptoms have disappeared, and the patient is highly gratified with the results.

March 25th. Patient doing well; suffers little or no pain; has gained in flesh; jacket does not meet, by an inch; opened it in front, widened it one inch, closed solid on the back, and reapplied. I find that opening the jacket in front is quite an advantage, giving firmer support to the spinal column, and more convenient. When a jacket needs widening, take a piece of leather the width required; cover with muslin the length of the cut edge of jacket on each side; eyelet-hole the leather part, and let the muslin be long enough to reach over the body of the jacket; wet with soda solution, and after it is dry apply as before.

Case 4.—Curvature; March 2d, 1878; female; white; aged 60; mother of eleven children; healthy; good family history. Two years ago fell down stairs; recognized pain in vertebræ August last. In January was compelled to go to bed, remaining there until date. She consulted several physicians without any effort being made to afford her proper relief; now she is illy nourished and cannot sleep without an opiate.

Examination exhibited curvature about three quarters of an inch to the left, superiorly, crossing, at the fifth dorsal, to the same arc on the right side inferiorly.

Suspended the patient on March 7th; she fainted; in about fifteen minutes revived; had a stool; was again drawn up and the jacket applied, giving much relief; patient slept five hours. This application was made in the presence of Drs. H. L. Orth, C. A. Rahter, Hugh Hamilton, S. R. Gorgas, and my son, D. H. Coover, who rendered assistance.

March 9th, suspended and reapplied the jacket, which gave complete relief; she rested better the following night than she had for months before.

March 11th. She got out of bed herself, and walked through the room several times without assistance.

March 12th. Readjusted jacket, to remove some folds of undershirt, which caused discomfort.

March 14th. Patient doing well; regaining strength, walking through the room frequently during the day without assistance, and slept well without the opiate.

March 23d. Much improved; going down stairs to meals regularly, and walking out without assistance; rests well at night.

Case 5.—March 18th, 1878. Called to see Mrs. Mary L., aged 62; of good healthy family; weight 80 pounds. She fell two years ago, injuring her spine about the lower dorsal vertebræ. She has suffered pain ever since, is wasted in flesh, anæmic, and has not been able to walk without the aid of crutches, or go up stairs, for 18 months.

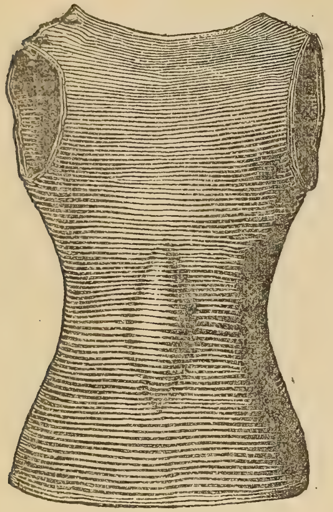
Examination.—Posterior curvature, with permanent anchylosis of the four last dorsal vertebræ.

March 22d. Suspended my patient and applied the silicated soda jacket, not with the view of correcting the deformity, but with the hope of relieving the pain and preventing further deformity. She experienced immediate relief.

March 28th. Patient doing well; suffers little or no pain, and is greatly supported by the jacket. Should the jacket lose the shape while drying, before applying, lay cloths, wrung out of hot water, inside and outside, for several minutes, or steam it; then put the jacket on and lay the patient down for several hours, when it will be dry and moulded to the body.

Fig. 3 represents the jacket on the back,

FIG. 3.



showing the curvature. This jacket is opened in front.

Remarks.—The plaster-of-Paris dressing is in constant danger of cracking and crumbling, requiring the tediousness of reapplication; it is very disagreeable to handle, does not permit removal for cleansing the body so often, and lastly, is not attended with as positive success, on these grounds.

The silicate of soda dressing sets nearly as quickly as plaster; does not crack or crumble; can be reapplied readily; allows cleansing of the body frequently, say every four weeks The corset is always reapplied while the patient is suspended; the braces are essential; the lacing is a very important point in the corset; if you lace so that the draw strings are in the centre, the patient can at any time loosen or tighten it, the ends remaining closed, and the support is not weakened, serving the purpose of a dinner pad, when the patient is inconvenienced after eating a full meal. In my hands this corset has afforded invariable relief from pain and gain in health.

The *positional* treatment recommended by Drs. Taylor and Lee does not fulfill the conditions of mechanical support, which is the main point in this cure. The spiral spring corset of Dr. Wood was an effort toward suspension of the adjacent vertebræ, but the apparatus of L. A. Sayre, M.D., is effectual in its operation, and, with the silicate of soda bandage, gives ready relief to this disease and bright hopes of cure.

217 *Chestnut St., Harrisburg, Pa.*

A CASE OF DROPSY OF THE LEFT LABIA MAJORA, ACCOMPANYING ORGANIC DISEASE OF THE HEART.

BY C. P. CALHOUN, M. D.,
Of Centreville, Pa.

July 23d, 1877, called to see Mrs. R., primipara, aged 20, seven months pregnant.

Found her sitting with each buttock resting on the corner of chairs drawn closely together. Pulse about 100; tongue slightly coated in the centre; great dyspnœa, with nearly constant hacking cough. She told me she was unable to lie down, both on account of the difficulty of breathing, and swelling of her "privates."

I attempted to make an examination per vaginam, but was surprised to find protruding from between the thighs a tumor as large as a fœtal head, which entirely obstructed the entrance to the vaginal canal. On closer examination I found the left external labia was enormously distended, as well as the integument in close proximity to it. The internal or mucous membrane was turned out and projected down five or six inches from the vulva. The tumor was irregular in form, and that part covered by mucous membrane had the appearance of serous pouches or projections, filled with fluid. It was very painful, and had entirely prevented sleep the night before.

Patient said she had first noticed the swelling four or five days before, and it had increased rapidly from that time.

On examining the thoracic region, I found the moist bronchial râle predominating in the lungs, with distinct cardiac murmurs.

The least exertion increased the difficulty of breathing, as well as the action of the heart.

The limbs were very much swollen, to the knees.

The urine was small in quantity, highly colored, but contained no albumen.

Diagnosed the case as dropsy, from heart disease; probably mitral insufficiency. I prescribed a mild purgative, to unload the bowels, as they were constipated.

July 24th. Found the patient much as

yesterday. The bowels had responded to the purgative. Had rested but little the night before, and the tumor was still very painful. I punctured the swelling on its mucous surface in several places, and during the day over half a gallon of nearly clear fluid drained away, which relieved her of the pain. Prescribed tr. ferri mur., gtt. xx, three times daily, after meals; also tr. digitalis, gtt. iv, with spts. ætheris nit., gtt. xx, every four hours, except when sleeping. Ordered nutritious diet, of easy digestion, also milk and whisky cautiously, to promote the appetite, which was variable.

July 25th. Patient resting better. Tumor still draining and not half its former size. To continue the medicine as before directed; also dissolve two tablespoonfuls of bitartrate of potassa in a pint of cold water, and use as a drink, ad libitum, until the bowels were moved.

July 27th. Found the tumor more painful this morning, from distention, as it had almost ceased draining. Other symptoms much the same. Ordered iodide of potassium, gr. v, to be taken in place of the iron. Applied mild solution of iodine, with iodide potass., to the tumor, but it proved so painful I had to desist.

July 30th. Met Dr. Hughes, of Rainsburg, Pa., in consultation, to-day. Diagnosis confirmed. By the doctor's suggestion, applied slippery elm poultice to the tumor, which soothed the pain very much, and seemed to open the punctures, and cause it to drain again. Discontinued the iodide potass., and ordered tr. ferri chlor., gtt. xx, with quinia sulph., gr.j, to be taken in water, after each meal. Slightly increased the dose of digitalis, and spts. nitric ether. Continued the bitartrate of potassa as before.

From this time there was gradual, though very slow improvement. I had to leave off the quinine in a week, owing to the repugnance to the taste, but continued the iron. The tumor became so much distended, and painful, at times, that I resorted to puncturing, to relieve it.

August 13th. Respiration less difficult. Urine passed in larger quantities. The cough not so troublesome. Œdema of the limbs very great. The tumor somewhat smaller. Continued the iron, also ordered citrate of potassium, gr. xx, with tr. digitalis, gtt. viij, in solution, every four hours, except when sleeping.

From this time she continued to improve slowly. The swelling of the limbs and tumor diminished. She expressed herself as "feeling better than before she got sick." She could walk about the room, and could sleep pretty well in a semi-recumbent position. By the suggestion of Dr. Geo. B. Fundenburg, of Cumberland, Md., I prescribed, for a while, fluid extract of scoparius, which acted pleasantly on the kidneys and bowels.

October 21st. Summoned in haste by the husband, saying that his wife was in labor. Arrived at 9 A. M., and found her sitting on the edge of a chair, unable to lie down. Pains very severe. Occiput presenting in the first position, and already pressing on the perineum. The tumor was very much distended, and in the way of the exit of the head. I punctured it in several places without her knowledge, during pain, thereby relieving tension, and in half an hour the child was delivered. The placenta was promptly removed, and the patient made as comfortable as possible in bed.

October 23d. Saw the patient to-day. Was lying down; the first time, with comfort, for three months. The tumor was nearly gone. No œdema of the lower extremities. Had rested well the night before. She now seemed very sanguine of her recovery. Examined the pulse and found it 120, not very encouraging.

A few days after this she had quite a hemorrhage from the nose, and subsequently from the lungs. She grew rapidly worse, dyspnœa, cough, and œdema increased. Gangrene set in in the toes, extending to the feet, and after suffering extreme agony, she died, at 5 P. M., November 24th, 1877.

No autopsy was permitted.

In describing the above case, I have intentionally omitted the symptoms at many of my visits, deeming their recital unnecessary. I have also omitted any reflections on the course of treatment, which, at best, seemed to be only palliative in the end. A few things that I have omitted in regard to the history of the case, may not be inappropriate here. She had not been feeling well, at times, for the last two years, was not aware of any serious disease until after she became pregnant. She was thrown from a horse and bruised considerably, when about four months enceinte, and her friends thought this the probable cause of sickness.

The dyspnœa and cough were very distressing for two or three months previous to my first visit. Patient never had inflammatory rheumatism. Her mother died about six months before, from disease of the heart, contracted during acute rheumatism, several years previous. Mrs. R. was born before her mother contracted the disease. Her mother's relatives mostly died of phthisis or heart trouble. Her father's relatives are mostly healthy. I present the above description of the case to the profession, hoping that it may contribute something for mutual benefit and study.

ON THE CAUSES OF INSANITY IN THE UNITED STATES.

BY T. J. HUTTON, M.D.,
Of Canandaigua, N. Y.

Insanity is on the increase in the United States, and has been for many years. It is but reasonable to suppose that the perverted business and industrial relations of the past four years have given it an additional impetus, although little appears in asylum records under this head. There are now some fifty thousand persons in the insane asylums of the United States (that is equal to twice the number of our regular army), and many others treated outside asylums. No man can declare himself absolutely safe from an attack of insanity, whether his family history be clear of it or not. It is no respecter of persons; it attacks high and low, learned and unlearned.

The most accurate statistics gleaned teach "that one person in every sixteen hundred and ninety of the population will become of unsound mind in the course of each and every year." If this ratio be correct, a population of 44,000,000, will annually add 26,035 persons to the list of the insane, not speaking of the numbers that will have accumulated in prior years. This annual yield, at a cost of keeping of $266.81 per capita (the average cost in 36 of our most cheaply conducted asylums, will cost the State—for the State stands in *loco parentis* to the afflicted—$6,956,398; this sum added to the cost of sheltering $52,070,000, estimated at $2000 per capita ($3000 is the usual estimate) will impose on the State an annual burden of $59,026,000, or an average yearly tax (were it so levied) of $1.34 for every man, woman and child in the United States.

In view of the many-sided importance of this subject, it deserves and demands the studious attention of all men. As physicians, it becomes us to know all that is known of this "sorest of all maladies;" as philanthropists to prevent, and when we cannot prevent, alleviate; as intelligent citizens and tax-payers that we may know how to expend to the best advantage the millions that are annually expended for the maintenance of this numerous corps of the invalid army of the republic. What, then, constitutes insanity, and what are the chief causes that produce it? Waiving technicalities, that man or woman is insane, in the eye of the law, whose mental operations are so impaired by disease that the individual is no longer able to take care of himself (or herself) and of his (or her) estate. It simply means of unsound mind; of diseased brain. It has nothing to do with the supernatural—with spirits, demons, or even with Wilkie Collins' monsters; and the sooner this idea, which still hovers round as a relic of ages of ignorance and barbarism, is abolished, the better it will be for the afflicted ones. There is no sense in the peculiar odium which is associated with the insane state in the minds of many; it is a compound of ignorance, pride and ungodliness.

The principal forms of insanity are the hereditary and non-hereditary. To have hereditary insanity means that one's parents or more remote ancestors were insane, or suffered from other nervous disease, which morbid taint appears in the offspring in the form of pure insanity—for all nervous diseases are interchangeable, that is to say, any nervous affection may in a subsequent generation appear as that same nervous affection, as some other nervous disease, or as insanity, unsound mind. Non-hereditary insanity is that which appears in an individual whose family history is free from insanity and other well-marked nervous diseases.

The greatest factor in the production of both forms of insanity, hereditary and non-hereditary, is over-indulgence in alcoholic liquors. It has recently been claimed that liquor, directly or indirectly, in one generation or another, is the cause of all insanity, but this is absurd. Disease attacks the brain as well as other bodily organs, from common causes incident to human life, and to the delicate mechanism of our cerebral machinery. It is a safe and moderate estimate to say that it causes one-half of all the madness that exists; it, therefore, muddles more than 13,000 brains, and damns more than 13,000 souls per annum, in this country alone. Is it not the duty of the State to protect its citizens? It should prohibit, by stringent laws, severely executed, the sale of those poisons sold as alcoholic beverages, and it should and ought to regulate and limit the sale, even of pure liquors, both of which blast and pauperize so many people, and so largely increase the taxation.

Having thus mentioned what is generally admitted to be the greatest factor in the causation of insanity, it is not an easy matter to enumerate all the causes that produce it, in the order of frequency, for the reason that some cases are due to more than one cause. Paresis, which contributes some fifteen per cent. of the inmates of our private asylums (twenty per cent. to the English private asylums), is a disease of *wine and women.* Perhaps, however, it is safe to say, indeed my little experience warrants me in saying, that sexual excess is by far the more efficient element of this compound cause in the production of paresis. Sexual excess has been proven in every case of paresis I have ever seen, and at the present writing I have quite a number in my care. Paresis may result, in rare instances, from over-taxation of the mind in the direction of legitimate business. Sexual excess, with and without strong drink, produces unsoundness of mind in other forms than paresis, and thus swells the proportion of insanity caused by it much higher than that given for paresis. All estimates are but approximates. Self-abuse produces some ten per cent. of the number in private asylums; the opium habit about five per cent.; irregularities in females a few per cent. The "wastes and burdens of life," losses, sorrows, griefs, disappointments, over-tension of the mind in the pursuit of good and laudable objects, especially over-draughts on the imagination, all lead to mental aberration.

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Adulterated Butter.

Dr. Claassen, in a recent report on butter adulterated by mixture with lard, gives a simple method of testing for this fraud. The suspected butter is melted, and about fifty grains of it poured into a test-tube. When this is cooled to the temperature of the human hand, there is to be added, mixing slowly by agitation, 120 grains sulphuric acid. If the butter is pure, the mixture will at once become yellow, and afterward a bright yellowish-red. If lard is present, the mixture will pass from the color last named to brownish-red, brown, and perhaps, brownish-black.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, NEW YORK.

CLINIC OF PROF. FRANK H. HAMILTON.

Reported for the MEDICAL AND SURGICAL REPORTER.

Encysted Tumor of the Groin in a Child.

GENTLEMEN:—The first patient whom I show you to-day is a boy, seven or eight years old, presenting a large growth in the inguinal region, which I have found to be of a cystic character. These barren, encysted tumors are due to obstruction of ducts, such as the muciparous, sebaceous, etc., but the situation of the present one is an unusual position for them. I believed it to be an encysted tumor because it is globular in appearance and has the feel of one; and exploration proved that it contained a straw-colored serum, as I supposed that it would. Such a fluid does not belong to an abscess. There may be serum, it is true, but it is not straw-colored, like that of a cyst. These tumors commence near the surface, and are not characterized by marginal pain. As I said before, this is an unusual situation for one of them; but still we are liable to meet with them all through the pelvis, and if a hair is found in one of them, that settles its character at once. No hair has yet been discovered about this one, but there may be hair present. They are supposed to be due to involution, as it is called, and in the progress of formation the follicles are obstructed and become encysted. This result is particularly liable to occur in the case of sebaceous follicles; the little tumors so frequently seen near the corner of the eye are of this encysted character, and found in this way. I will not operate in this case to-day, but the plan which I should propose would be as follows:—

The cyst should be laid fully open with the knife, and the contents allowed to escape. After the parts have become accustomed to contact with the air, injections of iodine (of the strength of one part to four) should be made; and in the course of time the tumor will become very small, and shriveled up, so that it can be extirpated with the greatest ease.

Valgus of Both Great Toes.

This is the case upon which, you remember, I operated a fortnight ago, and in which, previously to the operation, both the great toes were turned completely outward, and lay along the ball of the foot, directly under the other toes. In both feet I made an exsection of the metatarso-phalangeal articulation, and sawed off a considerable part of the phalanx. Since then the toes have been gradually returning to their proper position, until now you see that they are pretty nearly normal in appearance, except for their being shorter by as much as the space occupied by the bone that was removed (from a half to three quarters of an inch). In this case the simple hot water dressing has been employed with great success, and there has been no inflammatory reaction whatever; while I am almost positive that we should have had an abscess upon the plantar surface, if this had not been used. No pressure at all has been resorted to to bring the toes into position, and they have come back altogether spontaneously by the simple action of the tendons, which, you will remember, were left undisturbed by the operation. It is true that a little lint has been kept between the great toe and the others; but this has had no effect whatever in assisting the restoration.

Epithelioma of Face, Rhinoplastic Operation.

The growth which I here show you just at the side of the nose, near the inner angle of the eye, is of the same character, (epithelioma) as one which I removed for the patient from the same location, some twelve years ago. On that occasion I filled up the space left by the removal of the epithelioma with a flap taken from the forehead, and for many years there was no recurrence of the growth. By way of introduction to the operation which I propose to perform to-day (a repetition of that made twelve years ago), I will show you a couple of wax casts taken from patients in this hospital, for whom I made new noses by taking flaps from the forehead. The first is that of a woman who had the misfortune to have her nose bitten off, and it was taken two weeks after the operation, when she died upon the table from the effects of the anæsthetic which it was necessary to give her in order to put the finishing touches to the nose. The other case is taken from a patient in whom the operation was successfully completed, and who, I am told, is still around the hospital, being employed as a night-nurse. This is entirely a new nose, and though I have performed plastic operations of the same kind fifteen or sixteen times, this is decidedly the best one that I ever made. I am quite proud of the symmetrical proportions of the organ; and think one reason why it is such a good one is, that I had a great excess of integument to work with in this case. These plastic operations are exceedingly difficult and delicate, and require a great deal of study and care on the part of the surgeon performing them. It is especially important for them to make due allowance for losses of tissue by sloughing. There is only one thing that is peculiar in my practice in such operations, and that is, that after the flap is adjusted, I carry back the redundancy of integument, which is usually removed to help fill up the space that is left in the forehead. It is remarkable how this is capable of expanding. There is only one-half the amount that you took away, yet it spreads itself out, and then the integument on the sides of the wound also spreads toward it; so that in the end there is left only a linear cicatrix.

As I said, it is twelve years since I performed the operation which I spoke of in the present case; but almost one year ago the man came to me to show me that the growth had commenced to return. I advised him very strongly to have the operation repeated then; but he would not give his consent, and it is only now that he has concluded to have it done. In the meanwhile the epithelioma has been steadily increasing in size. Perhaps you may ask me why I take the skin required by the operation from the forehead. The principal reason is that there would inevitably be eversion of the upper lip if it were taken from the cheek. Then, if you take it from the forehead, you are sure of a good, healthy flap; while if it were taken from the tissues in immediate apposition to the growth, the latter would be exceedingly apt to reappear in it. In such tissues it has been found that if any pressure be made, as, for instance, by a suture, the epithelioma is peculiarly liable to return there. Again, from the forehead a good-sized piece can always be spared; and in the case of new nose which I described to you as being so successful, I took a piece two and a half inches in length. There will be a considerable amount of hemorrhage, but it can readily be controlled by pressure, without having to ligate more than one or two vessels. I shall first remove all the diseased tissue, and then cut out my flap from the forehead, which I shall make an inch wide at the pedicle; for if it is too narrow it is apt to be lost.

In making such a flap you should cut deeply, getting all the tissue you can, and not hesitating to lift the periosteum if you can do so. You can include a portion of the brows if necessary. This was not done in my former operation; but I think I will make my new flap a little wider at the base than I did the former one. I regret that, in removing all the diseased tissue, I shall have to cut more extensively than I desire to. It will be necessary to cut through the lachrymal ducts, and also to take in a very little of the lid. I am not responsible for this, however, for if the patient had consented to the operation a year ago, when I wished him to, it would not have been necessary.

Now I am making my incision around the epithelioma, and on account of the great vascularity of the parts, the hemorrhage is very free, but many of the smaller vessels will cease to bleed under moderate pressure, by means of a sponge inserted in the wound. I will not make any ligations, however, until I have cut out my flap from the forehead, for in doing so I may sever the same artery again (as for instance the angular), and so have to tie it twice. I find the cicatricial tissue of the forehead firm (the result of my former operation), but on examination it is seen that my flap is very red and vascular, showing that the circulation in it is uninterrupted, and that it will answer admirably for our purpose. Having now dissected up the flap sufficiently, I will direct my attention to the hemorrhage; but as it is very difficult to tie these vessels, I will not attempt to do so until I have made compression for some time with sponges wrung out of ice-water. I shall be careful not to press upon the pedicle, however, so as not to interfere with the circulation of the flap. I think that the very free hemorrhage in such an operation as this is due, in great part, at least, to the congestion of the parts produced by the inhalation of the ether, and now that the anæsthetic has been discontinued for a little while, and the circulation rendered more equable you see that it is greatly diminished. At length, having succeeded in ligating two or three vessels, there is nothing but a little oozing left, and now I find that my flap comes over into position very nicely.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a Conversational meeting held December 26th, 1877, Dr. Henry H. Smith, President of the Society, in the Chair, the rules were suspended to receive the following report from the Committee on Hygiene, in regard to

The White Incrustation on the Bricks of City Houses.

The sub-committee appointed to examine the incrustation so abundant upon the east walls of brick houses in Philadelphia, and to consider its probable effect upon the public health and possible association with the prevailing epidemics of diphtheria, scarlet fever, typhoid fever, etc., respectfully reports—

That a quantity of the grayish white powder being collected by scraping, it was found, on examination under the microscope, with a power of two hundred diameters, to be chiefly composed of small acicular and prismatic crystals with dihedral summits, which, on the addition of water, were seen to dissolve with great rapidity, leaving a few granules and an occasional angular particle.

In order to obtain a larger quantity of the insoluble matter for investigation, two grammes, (thirty-one grains), were agitated with twenty cubic centimetres of water, and after standing twelve hours, a drop of the reddish-brown deposit, let fall, was examined microscopically as before. It was found to be made up of, First, particles of brick and of quartz, etc., (sand). Second, portions of coniferous wood, leaves, stellate hairs, and other debris from the vegetable kingdom. Third, fragments of cotton, flax and dyed wool, evidently derived from clothing. Last, but not least, cells of pavement epithelium, singly and in groups of eight or ten. These were probably human epithelial cells, rubbed off from the skins of the thousands of passers by in the street below, and carried by the wind, as dust, to the fourth story of the house from the front of which I scraped them. Of course, had they proceeded from the cuticle of any person suffering or recovering from small-pox, scarlet fever, syphilis, etc., they might, under favorable circumstances have conveyed these diseases to any individual upon whom they happened to alight. No bacteria, bacteridia, microthrix or leptothrix filaments were visible, although their germs were doubtless present.

In order to determine the exact constitution of the crystals, the solution was carefully filtered off from the insoluble portion, which latter, after dessication, was found to weigh twelve centigrammes (about six per cent) of the whole; and after some preliminary experiments, the trace of iron was removed by precipitation with ammonic sulphide, and the decanted fluid treated with hydric-disodic phosphate, which threw down a bulky white precipitate of magnesic phosphate. The combined acid was shown, by testing with baric chloride, to be sulphuric, and since the precipitate of magnesic phosphate obtained was equal to that derived by a similar process from one and three quarters of a gramme of magnesic sulphate, this incrustation upon our brick walls is thus proved to be largely, if not chiefly, composed of the common sulphate of magnesia, vulgarly called epsom salts.

The probable mode of formation of this saline exanthem is, it seems to me, that the sulphuric acid from our million of gas burners and coal stoves, is absorbed by moisture deposited during the evening upon the front walls of houses facing the east (and therefore shaded from the afternoon sun). The extremely dilute acid coating thus produced then combines with magnesia contained in the bricks, or possibly in the mortar, and when its water is evaporated by the morning sun in dry weather, crystallizes in the unsightly incrustation, now lamented by so many property owners of our city.

The evil may doubtless be palliated by thoroughly washing and scrubbing the affected walls, but by way of prevention it might be worth while to try subjecting the bricks to a sulphuric acid bath, followed by prolonged immersion in running water before they are built into a house front. A thick coat of paint would probably effect a cure.

In view of the circumstance that no fungous or fungoid growths are discoverable in the deposit, and also that our water supply is derived from sources in great measure inaccessible to the washings of house walls, I think we may conclude that this white incrustation has no injurious effect upon the health of inhabitants of Philadelphia. On the contrary, since its presence is an evidence of the fixation of a deleterious product from coal and gas combustion, we may even look upon magnesia in this form as an important aid toward securing for our citizens that great desideratum of sanitary science, pure air.

All of which is respectfully submitted.

JOSEPH G. RICHARDSON, M. D.,
Professor of Hygiene in the University of Pennsylvania.

The report was accepted, and ordered to be printed.

Discussion on the Health-lift.

The paper of the evening, by Dr. Benjamin Lee, entitled "The Health-lift, is it Rational, Scientific or Safe," was now read, and a resolution of thanks was passed, both to the author of the paper, and also to Mr. Jeremiah Davis, who displayed his extraordinary muscular development, as a result of the systematic training afforded by the Swedish Movements. This living illustration of the benefit of physical exercise was not only of interest, from the high state of development of the individual muscles, but also from the curious fact that he had been discharged from the English naval service, as being unfit for work, on account of pulmonary consumption. He had, at that time, a chronic cough and hemorrhages, but after taking to the Swedish Movements, he began to improve in weight and health, and his cough left him; he has had no hemorrhages since, and at the present period seems the epitome of health—a Hercules, of five feet six inches.

Dr. A. G. Reed thought that one of the chief objections against the Health-lift was disposed of by the fact that the amount of weight lifted is directly under the control of the operator.

Dr. C. B. Nancrede observed that in lifting, all the muscles of the body are placed on the stretch. Every muscle of the trunk and extremities is thus brought into play, and, when associated with other gymnastic exercises, the lifting of weights may serve a good purpose in developing the muscular system, but by itself soon produces fatigue.

Dr. John H. Packard had used the Health-lift, and thought that it was a very compendious method of exercise, and if a man had only a few moments to spare for the purpose, he could not have better exercise. He was not aware of any case of congestion of the brain during exertion by athletes, but has known of congestion of the lungs, as in the well-known rower, Renforth, a few years since. A sense of oppression and fullness in the brain during excessive exercise, to his mind, was illusory, and is the expression of cerebral anæmia rather than congestion, the trouble being chiefly embarrassment of the heart and lungs. That this condition is not that of cerebral congestion, is shown by the fact that a man so overcome recovers soonest by lying down. The recumbent position, however, if this were not the case, would increase the flow of blood into the vessels of the brain, and intensify the symptoms. He was satisfied that the value of exercise is rarely understood by those who merely theorize upon it. Rubbing with a flesh brush is one of the best means of supplementing exercise in those who are unable to take active exertion. He knew of a number of cases that have been benefited by the Health-lift and similar exercises, when intelligently conducted.

Dr. Benjamin Lee said that the dangers referred to in the paper of the evening are produced by certain kinds of exercises, and objection was not made against exercise in general. He did not know of any case of immediate death from apoplexy, but thought that the case mentioned deserved consideration.

Dr. Reed thought that Dr. Winship never had any symptoms of apoplexy while living, and, on the other hand, many men die of apoplexy who never lift at all. Physical exercises are often overdone, and carried to excess, and in such event might do more harm than good.

Dr. Packard referred to those troupes of Japanese athletes, who were in this city a few years ago, performing various feats of strength, lifting heavy weights, walking up a rope with an umbrella in the hand. He had observed them carefully and could not detect any flushing of the face whatever. He was struck with this in the case of a troupe of performing Arabs, who went through the same exercises. Among them was an Irish boy who also performed these feats of agility, but after any such exertion his face became scarlet. This is perhaps explainable on the ground of peculiarity of the Japanese race—the action of the heart being less influenced by muscular effort, and to a smaller extent, it is probably due to the fact that their thick, sallow skin flushes with difficulty.

Dr. R. A. Cleemann believed that the color of the skin was the principal factor in the cases mentioned. He referred to a case of a mulatto woman that he had seen in puerperal convulsions, when there was no flushing of the face; nor did he expect it. The cases mentioned by the last speaker are probably explained in the same way.

Dr. W. R. D. Blackwood pointed out the danger of hernia from the use of the Health-lift, and stated that he had seen hernia produced in this way, both in the male and female. In this case it was certain that the hernia was caused directly by the Health-lift. He had, himself, noticed the flushing of the face, and palpitation of the heart from its use, as had been already mentioned. He had also observed the peculiarity mentioned by Dr. Packard in regard to the Japanese performers, but thought that the man who supported the ladder for their feats, did show congestion of the features. None of them complained of pain in the head, but on pushing his inquiries he found that they were annoyed by embarrassment of breathing after unusual efforts. He had never known of a case of apoplexy in any of these troupes of acrobats.

The Health-lift is useful as one means of exercise, and, if properly supervised, is adapted to persons, especially ladies, who without it would take no exercise at all.

Dr. Geo. Hamilton inquired whether there was any evidence of the prolongation of life by such gymnastic exercises. He had strong doubts whether longevity is favored by such violent physical exertion, and thought that the idea of the brain not being affected in these cases is wrong, because the weight of evidence is in favor of the statement that the feeling in the brain is one of oppression.

Dr. R. A. Cleemann stated that his teacher of sparring lived to the age of seventy-six years, and was a man who always took a great deal of exercise. He had found gymnastics very useful in his own experience at college, as he could not attend lectures the next day if he missed his gymnasium the day before.

Dr. Wm. A. Burns confirmed the views of the last speaker, and mentioned the case of a prize-fighter who lived to the age of ninety-six.

Dr. Reed observed that the teachers in charge of the Health-lift in this city require that persons should *not* hold their breath while lifting. He thought that holding the breath was an indispensable condition of muscular effort, and as much so in the use of the Health-lift as in any other form of exercise.

Dr. Lee. Rational exercise is for the purpose of accelerating the circulation sufficiently to provide pure blood for the tissues, and healthy use of the muscles. After it becomes athletic it is apt to be injurious, but everybody who leads a sedentary life requires some form of exercise in order to maintain their physical frame in a normal condition.

Dr. Nancrede referred to the importance of physical exercise to students, and recommended the parallel bars as a good method.

Dr. Packard stated that he was interested in the remark of Dr. Lee, that a high degree of muscular development is not always an indication of perfect health. He had known in such a case great suffering from dyspepsia. He also endorsed the recommendation of the parallel bars as a means of muscular exertion, and believed that half an hour of this practice daily would probably give sufficient exercise to keep the system in health. But half the exercises recommended are not necessary, and in many respects they are injurious when they are carried out without an instructor.

Dr. Henry H. Smith remarked that the influence of the Health-lift upon the vertebral column deserved attention. The effect upon the muscular system has been generally discussed, but the fact we must not overlook, that injurious action may be brought to bear upon the spinal column also. Consider, first, the effect upon the intervertebral cartilages; secondly, upon the bony processes which are in the nature of epiphyses; thirdly, upon the formation of exostoses from induced periostitis. In the South we find that the negroes are in the habit of carrying loads upon their heads, and these are often heavy weights, keeping themselves very erect. In such cases, and in corn and salt carriers from the wharves, we find, in the dissecting room, that from their keeping the vertebral column perfectly straight and under such pressure, for years, there is no lateral motion, and exostoses and spinous bony deposits prevent flexure and extension, rendering the spine rigid. The intervertebral substances are elastic, so that they are wider in the morning than at night, after supporting the weight of the upper part of the body through the day. It is a matter generally known that a man may be half an inch taller in the morning than in the evening, from the elastic action of these fibro-cartilages. In ordinary movements these cartilages are compressed alternately, in front, and laterally in the movements of the trunk, but by the use of the Health-lift, the force is direct, and liable to spread and flatten out the intervertebral cartilages, and induce subsequent spinal deformity and disease, and thus eventually limit the motions of the trunk. Secondly, the extra pressure upon the vertebræ will lead to extra action, and any tendency to inflammation will be favored, and perhaps lead to tubercular deposit or molecular necrosis of the bones.

On motion of Dr. Henry H. Smith, a vote of thanks was passed to Dr. Lee for his interesting paper.

EDITORIAL DEPARTMENT.

PERISCOPE.

Theory of the Action of Quinine.

Dr. F. W. Moinet, at the close of a careful article on this subject, in the Edinburgh *Medical Journal*, says: Arsenic, caffeine, alcohol, beberia, piperine, gentian, capsicum, strychnia, etc., although differing considerably both in kind and degree of active power, have some power over intermittent fever and other diseases of a nervous pathology. In fact, as adjuvants, and occasionally as substitutes, they are invaluable, as clinical experience has amply testified. In virtue, however, of certain peculiar properties, one is more useful than another in different nervous diseases, due partly to their somewhat different actions, the part of the nervous system affected, and the cause of the disturbance. Thus, quinine appears to exert an influence on that part of the nervous system for which the malarial poison has a special affinity; and in virtue of this, is more curative than the other remedies, just as arsenic has a special tonic influence on the motor nerves, in virtue of which it is more powerful in chorea; and caffeine an action on the pulmonary nerves, which renders it more useful in asthma. Hence, we believe quinine to act in malarial disease as a stimulant or sedative to the nervous system, especially to that part most implicated in these diseases; and that it is principally in virtue of this action that it proves curative, by rendering the malarial poison inoperative by an antagonistic action on the nervous system, and that it proves beneficial in proportion as the nervous disturbance is predominant, and to the absence of complications. Although we arrive at this conclusion by argument, and not direct experiment, the evidence in its favor appears to us so strong, as to give it the place of a more than probable theory, and to be a much more reasonable explanation of its action than any other as yet brought forward; and that, by this method of reasoning, it is possible to arrive at correct conclusions, in absence of direct experience, the literature of therapeutics amply shows.

Therapeutic Uses of Eucalyptus.

Dr. Benjamin Bell writes, in the Edinburgh *Medical Journal*:—

A gentleman of seventy-five had suffered from formidable disease of the stomach for eight or ten years, and on several occasions had seemed very near his end, with every symptom of malignant ulceration. Great quantities of blood had been vomited from time to time, and at short intervals, seldom exceeding a fortnight, the stomach after becoming painfully distended with a sour, *barmy* fluid, was relieved by repeated vomiting, while life itself seemed possible only with extreme lightness of diet and most vigorous self-denial. A strong, active man had become a confirmed invalid, and seemed both to himself and others beyond the reach of remedies. He has taken the tincture of eucalyptus twice daily for many months, and during all that time has scarcely had even a threatening of those painful and exhausting attacks which had latterly occurred almost every week.

Another old gentleman, a retired medical man of eminence, who for some years has labored under symptoms which indicate disease of the stomach, and possibly the colon, is so sensible of benefit from the use of the medicine, that he can seldom abandon it for even a few days without being reminded of its importance and eagerly resuming it.

Another case in which ulceration, or some other organic disease of the stomach, seemed the only reasonable diagnosis, the patient, a widow with a family dependent upon her, made an unexpected recovery from extreme attenuation and weakness under similar treatment.

I have tried it repeatedly in a class of cases which are usually regarded as ulcers of the stomach threatening perforation. They are mainly young women, servants, seamstresses, and others, who partake largely of tea which has been boiled or allowed to infuse too long on the hob; but I cannot say that their attacks of pain after food have been cut short in the same indisputable manner as in the cases already referred to, beeause such persons usually get well under ordinary treatment, and by avoiding what may be called the poisonous cause of their malady. Still, I have met with individuals who, by taking the eucalyptus, have become, in their own opinion, exempted from the recurrence of attacks, which past experience had led them to anticipate.

My object in this note will be attained, if those who have opportunities will give the remedy a trial; for it is only by an unprejudiced and cautious accumulation of experience that the real value of a therapeutic agent can be estimated. Of course, no one will think of using the medicine as a specific in any case where it may seem to be indicated. All the details as to diet and general regimen, which would be deemed necessary without it, must be carefully attended to.

In conclusion, I may say that it seemed to me of manifest use lately, in a case of diphtheria commencing in the gullet and ascending to the fauces.

Antiseptic Dressings.

The *British Medical Journal* states that in Germany Professor Thiersch has come to the conclusion that a saturated solution of salicylic acid—that is to say, 1 to 300—prevents putrefaction of the blood and secretions of a wound, while it produces no irritating effect upon recent or granulating wounds, and gives no cause for alarm by the passage of salicylic acid into the circulation. He uses a solution of salicylic acid for washing instruments and the hands of the operator and his assistants. The spray is of salicylic acid, which proves, however, very irritating to the mucous membranes of the persons engaged in the operation. The dressings are simple enough. Salicylic acid being non-irritant, no protective is required, according to Thiersch; but, at least in healing surfaces, the protective has the additional advantage of protecting the granulations and the delicate new epithelium covering them from the danger of sticking to, and being injured by, the dressings or their removal. But Thiersch uses no protective. He places immediately upon the wound a layer of wadding containing three per cent. of salicylic acid; then another layer containing ten per cent. Blaser, pharmacist to the hospital at Leipzig, employs the following formulæ for the preparation of these dressings. For the three per cent. wadding: Dissolve 750 grammes of salicylic acid in 7500 grammes of alcohol of specific gravity 830. Add 150 litres of water at 70 to 80° Cent. (158 to 176° Fahr.). Place in the mixture 25 kilogrammes of cleaned wadding. For the ten per cent. wadding: Dissolve 1 kilogramme of salicylic acid in 10,000 grammes of alcohol of specific gravity 830. Add 60 litres of water at 70 to 80° Cent. Place in the mixture 10 kilogrammes of cleaned wadding. To saturate the wadding, he uses a shallow vat, in which it is laid, layer by layer, taking care not to put in more than two or three kilogrammes at one time, and that one layer is well saturated before the next is put on. When all are in, they are to be turned over, so that the bottom one comes to be at the top, and left for ten minutes; then removed; and, as they cool, the salicylic acid crystallizes out. Finally, the wadding must be dried in a warm place. Thiersch has also tried a dressing composed of jute saturated with salicylic acid; but the powder was disengaged in large quantities, and was extremely disagreeable to the surgeon.

Effect of Pilocarpin on the Eye.

A paper was lately read by Dr. Galezowski, before the Biological Society of Paris, on the effects of pilocarpin, the active principle of jaborandi, on the eye. According to this well-known ophthalmologist, we possess in this new alkaloid a powerful myotic, equal in effect to that of eserine; but it has the great advantage over the latter in producing less irritation or other mischief in the eye; for he has noticed, after the use of eserine, that the patients have complained of intense ocular pains, followed by conjunctivitis attended with nausea. He employs pilocarpin in solution, selecting either the nitrate or the sulphate according to circumstances. In the former case, the strength of the solution is twenty centigrammes to ten grammes of distilled water; in the latter, ten centigrammes to six grammes. He prefers cherry-laurel water for the solution, as he has noticed that the pilocarpin loses its myotic properties after a time, when it is made up with ordinary distilled water; and care must be taken that, whatever salt is employed, it must be perfectly neutral.

The Feeding of Infants.

Dr. Proust says, in his late work on hygiene:—The results furnished by anatomy, physiology and experimental pathology prove, beyond the possibility of refutation, that milk is the infant's first food, and the only food which ought to form the basis of its alimentation during the whole of the first epoch of life. Till they have their first eight teeth, it is always premature to give infants any other kind of food than milk unmixed with other substances; it ought not to be boiled, and it should contain casein proportionate to the age of the infant. At birth, with the exception of the respiratory apparatus and the complex apparatus which constitutes the external integument, all the other organs, including those of digestion, are in a state of evolution. The mouth cannot easily exercise any movement of prehension or mastication. The only movements which the tongue can exercise with precision are those of suction; the infant, therefore, can only *suck*—it cannot *drink*. When, in addition to these facts, we mention the absence of teeth, and the rudimentary state of the salivary glands, we complete the proof that the infant, in the first epoch of its existence, cannot rightly accomplish prehension, mastication, or insalivation. We find a similar rudimentary condition existing in the stomach and intestines; there is feebleness of the contractile membranes and incomplete evolution of the secretory organs.

I agree with Chalvet in thinking that the first secretion of the mammæ, the *colostrum*, a compound of fatty and saccharine matters and mineral salts, is indispensable to the newly-born infant, not because it purges, but because it supplies a chyle furnished by the mother, because it is a plastic calorific aliment, because it cannot be replaced by any artificial preparation, and, finally, because it is a natural emulsion which only requires for its absorption what may be called a sketchy digestion (*une ébauche de digestion*). Chalvet, repeating the experiments of M. Guérin, performed to afford means of studying the influence of a premature alimentation upon young mammiferæ, produced in young dogs a series of morbid phenomena similar to those presented by the great majority of infants when they come home from bad nurses, viz., big bellies, swollen joints and general emaciation.

Ophthalmia in New-born Infants.

Dr. Luton, of Reims, advocates, in the *Revue Medicale*, the use of iodine dissolved in cherry-laurel water. Ten drops of the tincture in ten grammes of cherry-laurel water make a colorless mixture, leaving no precipitate, while in the same quantity of distilled water a colored precipitate would soon form. The decoloration is owing to the production of hydriodic acid and iodide of cyanogen, two colorless bodies in solution. A mixture containing one part of tincture of iodine to twenty parts of cherry-laurel water is a collyrium of incontestable power in the purulent ophthalmia of infants. The liquid is to be dropped between the lids five or six times a day, beside external applications. In efficacy it is declared to be superior to nitrate of silver, while it has the advantages of being both painless and safe.

Iodide of Potassium in Asthma.

The Paris correspondent of the *British Medical Journal* writes:—For nearly twenty years back, M. Sée has been employing the iodide of potassium for the cure of asthma; and, according to his experience, it may be looked on as a specific for the disease, if there be such a thing as a specific in medicine. It is true that others had employed it, and are still employing it, in this affection; but, as it is invariably prescribed with other substances, such as ipecacuanha, opium, belladonna, ether, etc., it is difficult to say to which to attribute the curative effect. M. Sée has had the idea of trying the iodide of potassium alone, which has been followed with the happiest results. He prescribes it not only during the attack, but enjoins the patient to continue it for weeks, months or years, according to the severity or duration of the malady. In exceptional cases, he combines it with a little opium, to prevent iodism, and, when the breathing is greatly compressed, with chloral. During the paroxysm, however, M. Sée employs the iodide of ethyle, a substance discovered in 1825, by Gay-Lussac, and composed of iodine and ether, the new compound possessing the respective properties of both these substances. He administers it by inhalation, and he has often found that a single dose of five or six drops has been sufficient to cut short a paroxysm. The breathing once relieved, he then trusts to the iodide of potassium to effect a cure. The above treatment has been found useful in all cases of asthma, whatever its origin; and the iodide of ethyle has also proved efficacious in relieving cardiac and laryngeal dyspnœa.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Joseph Jones, of New Orleans, well known to the medical public for his untiring and fruitful labors in professional observation, discusses, in two essays, the establishment of a uniform system of compulsory vaccination in Louisiana, and a case of that rare disease, the African Yaws, or frambœsia.

——Whether the procedure known as Kolpokleisis, is ever necessary in the treatment of vesico-vaginal fistule is ably discussed in two pamphlets, by Dr. Nathan Bozeman, of New York City. His answer, after a full, and it seems fair, examination of the question, is in the negative.

——A valuable pamphlet to the sanitary student is the Report on Heating and Ventilation, prepared for the Trustees of the Johns Hopkins Hospital, Baltimore, by Dr. John S. Billings, Surgeon U. S. A. 8vo., pp. 93.

BOOK NOTICES.

Handbook of Ophthalmology. By Professor C. Schweigger. Translated from the third German edition, by Porter Farley, M. D., with diagrams and other illustrations. Philadelphia, J. B. Lippincott & Co. 8vo, pp. 555, cloth. Price $4.50.

Professor Schweigger is probably not unknown by name to many American readers. He is Professor of Ophthalmology in the University of Berlin, and an authority of weight in his native land. The treatise of his which we have before us aims at summarizing, in a clear and practical manner, the deficiencies and diseases of the eye; with less attention to the numerous theoretical points which usually occupy so large a space in German treatises.

He divides his subject into three parts. The first is chiefly devoted to anomalies of refraction and accommodation and of the ocular muscles. It is needless to say that the classical work of Donders is his principal basis here. The important subjects of myopia and astigmatism are treated with considerable fullness. The theory of the ophthalmoscope, its proper management, and the construction of the various forms of the instrument, are clearly stated.

Part second is devoted to diseases of the orbit, lachrymal apparatus, lids, conjunctiva, cornea, sclera, iris, lens and vitreous body. The rules for the recognition of these various affections are stated succinctly. The treatment recommended is generally by moderate measures, the author indicating a saving hesitation in the employment of heroic remedies. For instance, in syphilitic iritis he would reserve active mercurial treatment for those cases where the gummata are large and of rapid growth. The prognosis generally, he thinks, is scarcely less favorable than in the idiopathic form.

The third part is upon the normal fundus; the diseases of the choroid, of the retina and of the optic nerve; and upon glaucoma and amblyopia.

The translation is very well done, the text being clearly rendered, without the involutions which characterize so many translations from the German, where the genius of that language is too closely followed to be read with pleasure by English students. A very fair index completes the book, and its illustrations, although by no means elaborate, aid materially in elucidating the text. In a work of this kind, intended for a practical manual, it would have been well to have added some pages of test types, without which no ophthalmological treatise designed for the use of the general practitioner is complete. But, without these, it is a production which will recommend itself to that class of readers, as well as to students of the specialty with which it is concerned.

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THE CREATION OF BENEFICIAL ASSOCIATIONS AMONG PHYSICIANS.

In one of his Odes, Horace remarks that every man seems dissatisfied with his own profession, the soldier grumbling at the dangers of his vocation, the merchant at the tedium of the life he leads. The poet adds some philosophical reflections on the subject, calculated to make each contented with his lot, not on the principle that it is exempt from annoyance, but on that agreeable and popular consolation, that other folks are quite as badly, if not worse, off.

For all this, medical practice has a real superiority in disadvantages over nearly every other business. The broken rest, the exigent patients, the anxiety, the danger to life from contagion, the risks in suits for malpractice, the loss of fees, and the general ingratitude physicians encounter, are manifest and positive. It is notorious, that in every civilized country they average the shortest lives of any of the professions, and most of the avocations. "Physician, heal thyself," was said in mockery, and still is mockery.

Worse than this, as a rule, the dictum of society and the demands of their business oblige them to maintain a style of living often disproportionate to their means, and their families, brought up in good society, and enjoying the higher educational privileges, are often, by the premature death of the head of the house, thrown on a cold world with none or inadequate means of support.

This sad fact, only too often exemplified in daily experience, should lead physicians to devise plans by which their families may be protected from such a misfortune. Mutual benefit associations of several kinds have been started, but up to the present we know of none in this country which has inspired continued confidence, unless it has been the outgrowth of some existing and stable medical organization, capable of giving the guarantees demanded, of financial solvency and administrative integrity.

Two such associations have existed for some years in New York city, whose results have been gratifying. They have accomplished a good work in relieving the families of many whose slender professional incomes have been arrested for months by illness, or who have passed away, leaving impoverished widows or orphans to struggle against the pressing necessities of the hour.

A plan for the creation of such a mutual aid association has been recently submitted to the county medical society of this county. As this plan has been carefully matured, we shall lay it before our readers as a model for the formation of similar organizations elsewhere, for such action has interest far beyond the narrow boundary of those whom it immediately benefits. The plan reads as follows:—

The title shall be "The Mutual Aid Association of the Philadelphia County Medical Society."

The object of the Association shall be to afford pecuniary aid to the widows and orphans of such members as require it, as well as to such members as, from long-continued illness or accident, may be compelled to seek it.

Every member of the Association shall pay an initiation fee of three dollars, and be assessed two dollars annually; but one payment of fifty dollars, or the payment of ten dollars annually for five successive years, or of five dollars annually for ten successive years, shall constitute a Life Member.

Whenever the payments of a member amount to fifty dollars, he shall be entitled to receive the sum of three dollars annually from the Committee on Benevolence, if required.

One hundred dollars paid by any one person shall create an "Honorary Member."

Two hundred dollars shall create a "Benefactor."

The funds of the Association shall consist of the initiation fees, annual fees, donations, and bequests, together with interest on investments, and such other moneys as are not required for benevolence to claimants.

There shall be a Permanent and a Contingent Fund.

The "Permanent Fund" shall be created by the Trustees from all moneys raised and not required for contingent expenses, until the sum of one thousand dollars is raised; after which the interest may be applied as required by the Committee on Benevolence, or added to the Permanent Fund.

The "Contingent Fund" shall consist of the initiation fees, and five per cent. of the annual dues of the members. It shall be applied as required to pay current expenses. Any excess of this fund above the annual current expenses shall, at the end of the fiscal year, be invested in the Permanent Fund.

The officers shall consist of a President, two Vice-Presidents, Treasurer, Recording and Corresponding Secretary, with nine Trustees, all of whom shall be members of the Association.

It is to be believed that many prosperous members of the Society will contribute sufficient to become Honorary Members or Benefactors, for the pleasure which every right-minded man takes in works of beneficence. In view of the numerous failures of Life Insurance Companies, and the prevailing absence of moral sense in officers of financial institutions, such schemes deserve the heartiest support, and we doubt not will get it.

NOTES AND COMMENTS.

Relation of Brain Weight to Mental Ability.

Mr. C. Clapham says, in the last volume of the West Riding Lunatic Asylum Reports:—

"My observations agree with those of Wagner, that weight of brain does not indicate any close relation to intellectual power, and also that aboriginal races are not to be distinguished for smallness of brains. In fact, the ancient Britons, and I may add the ancient Gauls also, were remarkable for good-sized, nay, even large brains." This statement is borne out by the testimony of the most competent craniologists of the day.

The Infecting Power of Syphilitic Virus.

Sir Henry Thompson teaches that syphilitic virus can be applied to the skin, or handled with impunity, so long as the skin is sound. He states, in a recent lecture, that his "belief has long been that syphilitic infection never takes place, except when there is some breach of surface. Why should it? When the male organ is erect, the minutest crack in the skin around the prominent ridge of the corona is so very likely to take place. The mechanism of the act is the best possible one can conceive for getting a microscopic crack inoculated, if a sore, or its secretions be in the way. The favorite situation for sores indicates this mode of inoculation; and it is never by the finger that syphilis enters the system, unless there is a crack or sore there; and yet, as every man knows, the finger—take the world round—is, perhaps, quite as much exposed as the penis, only the skin is not so tender on the finger, and is not liable to the great and sudden extension which so much favors the cracking he refers to. If handling syphilitic or any other animal poison risked infection, how many of us would escape? As it is, only an occasional accoucheur gets it, and he always had some sore or crack on his finger, 'at least,' he 'always' hears 'that it has been so. Such,' he concludes, 'have long been' his 'views, and,' he thinks, 'a little reflection will show, at least, there is some probability of their accuracy.'"

Neurotomy.

Dr. T. H. Stetler, of Illinois, send us the following case:—

Mr. S., aged 54, had been afflicted with neuralgia of supra-orbital nerve, left side, for the past ten years. During summer months he had comparative freedom; during winter he suffered greatly, especially during the last two winters. His last attack lasted two months. All the so-called anti-neuralgic remedies of our pharmacopœia were tried, successively, and pushed to a degree of tolerance, with little or no benefit. I decided to cut out a section of nerve as far in the orbital cavity as convenient and safe. On the 16th of January, with the assistance of Dr. T. D. Palmer, I removed a section. Very little ecchymosis followed, and complete relief from neuralgia has been the result.

White Incrustations on City Houses.

The Report on this subject by Dr. Joseph G. Richardson, given on another page of this number, will be read with much interest. The same subject has been investigated by Mr. Wm. Trautwine, of this city, whose results appear in the last number of the *Journal of the Franklin Institute.* He also finds that the principal ingredient of the incrustations is sulphate of magnesia. But he does not attribute it to the prevalence of gas burners and coal stoves, but mainly to the custom of *burning bricks with coal* instead of wood. The decomposition of mortar is another and lesser cause. Mr. Trautwine's view seems proved by the fact that coal-burned bricks stored in the yard, in comparatively pure air, show the same incrustation. He therefore recommends that pressed and front bricks be burned with wood or coke.

Curious Development of Teeth.

Dr. L. E. Brayman, of Ohio, writes us:—My attention was called, the 30th of March, to a very peculiar malformation and unnatural development of the incisor teeth. Miss Alice G., of this place, has six incisors in the lower jaw, unnaturally flattened from side to side, and thick antero-posteriorly. In appearance they resemble the canine incisors, while on the upper jaw there are only two incisors, which are very broad, nearly filling the space between the canines. The jaws are somewhat flattened in front, but do not look very bad.

CORRESPONDENCE.

Cincho-quinine and Foxglove in Puerperal Fever.

ED. MED. AND SURG. REPORTER:—

More fortunate than Dr. R., of Iowa, I saw my first genuine case of puerperal fever in February of this year (1878).

Mrs. M., aged 26 years, rather small, mother of one child, five years old, called me in February, at full term. She informed me that she feared all was not right, for she had suffered greatly for the last two months, and drank copiously without quenching her thirst.

On examination I found a foot presentation, the labor having advanced considerably. This explained the cause of her distress, and thirst, possibly, too. The labor was a pretty hard one. The boy weighed eleven pounds, and it was not without some difficulty that we succeeded in enucleating the head in time to resuscitate the child, which we did most triumphantly, by repeatedly inflating the lungs of the child from our own. This was kept up steadily for ten minutes, imitating all the while the natural respiratory movement by elevating and depressing the arms. At first all was hopelessly limp and passive; the cord had ceased to pulsate. We had taken good care to bring down the chin and not dislocate the neck. We had succeeded too often to despair yet, so we kept on, most faithfully and thoroughly in earnest. Finally the little limbs assumed a rigidity, and then followed a convulsive gasp, then another, and another. We camped on that field. The child is living and thriving finely.

All this on Monday. I had observed a hectic flush on the mother for several days. I mistook this symptom as one of ephemeral fever, and gave a searching calomel purgative, which was followed by only partial relief. The flush and fever continued. On Sunday I was summoned in haste. The lady had had several most distressing chills, with high fever and persistent thirst. The bowels and kidneys operated fairly. Very little tenderness; slightly tympanitic. I ordered bromide of potash in ten-grain doses; cincho-quinine, five grains every six hours; tincture of foxglove, from fifteen to thirty drops. Pulse rose to 120 per minute. Respirations 40 per minute, with decided delirium, and convulsive twitchings of the muscles of the face. The temperature rose to 105½°, at which point it remained for twenty-four hours. At this stage thirty drops of the tincture of foxglove were given, and carbolized injections continued every six hours. Dr. R. S. Wallace, of East Brady, was called in consultation, and ten-grain doses of quinine night and morning were now given. The patient drank copiously and perspired profusely. No other treatment was resorted to. The temperature gradually returned to the normal condition within three days, when the patient was left very prostrate, from which she has recovered by proper diet and ferruginous tonics and stimulants. No localized soreness about the joints or elsewhere now exist. But her milk has entirely disappeared.

What was the cause of this attack? I attended a case of chronic sore leg more or less all winter. I attended the same case when I removed the adherent placenta described in No. 10 of this volume of the Reporter. But why, when I introduced my entire hand into the uterus of the one case should that case escape, after a severe operation, if the other case, being much less exposed, was infected by her attendant? This seems negative testimony, and of no value whatever. I simply say, I do not know whence the poison came, if it was not resorption of the decomposed lochia. The carbolized injections were not resorted to till after resorption. In the other case they were promptly resorted to from the beginning. I have much faith in their use, as they have never disappointed me. A. D. Binkerd, m.d.

Karns City, Pa.

The Action of Jaborandi.

Ed. Med. and Surg. Reporter:—

I have to report three cases in which the uncertain action of this drug was curiously exemplified. The cases were treated simultaneously, and were under the treatment of Dr. J. S. Cohen.

The first case was suffering from aortic stenosis, with excessive œdema of the lower extremities; this condition followed long exposure to the toxic influence of lead. The urine was largely increased by the action of the jaborandi, the patient having to evacuate the bladder every two hours. The œdema was considerably diminished. The treatment was continued with benefit for two weeks, when it was discontinued, owing to the disturbance at night, caused by the necessity to evacuate the bladder.

The second case was one of muscular pains following saturnine toxæmia. The use of the drug was followed by diaphoresis and considerable relief to the pains.

The third case was one of bronchitis, with great dryness of the fauces and larynx; the result was thorough salivation, to the amount of one pint of saliva during the night. There was no marked improvement in the symptoms, but the patient expressed himself as feeling "lighter in the head."

In each case half a drachm of the leaves was used, in decoction, to the dose. The drug acted respectively upon the kidneys, the sudoriferous glands and the salivary glands; in no case was more than one of the organs of elimination acted on at once. What determines this variety of action in different cases it is difficult to say. Whether jaborandi acts through the nervous centres, or as a local stimulant to the excretory functions, is an interesting question, but one that has not, as far as I know, been answered.

A. H. Mellersh, m.d.,
Resident Physician of the German Hospital.

New Treatment for Chronic Myelitis.

Ed. Med. and Surg. Reporter.

I have been using successfully, for the last year, the plaster-of-paris bandage in spinal curvatures, as described and adopted by Prof. Sayre, but I have never read or heard of its application to cases of *chronic myelitis;* therefore I will venture to report two important cases.

The first case is that of C. W. H., aged 28. Six years ago he jumped from a beam to the barn floor, a distance of 8 or 10 feet, striking upon the beam of a pair of scales that lay concealed under some hay, producing a great shock and concussion of the spinal column. He partially recovered from the injury in a few weeks, but suffered more or less for four years, at which time he was attacked with a paralytic shock, as he describes it, followed by increased pain in the back, and, at times, in the head; dragging his left leg; formication, with other symptoms of paraplegia; had convulsions during the fifth year of his illness; deglutition was difficult, and mastication impossible at times, in the erect position, but could masticate and swallow during these attacks while lying down; memory impaired; no appetite; staggering gait, whirling around and sometimes falling down (always whirling to the left); pain at the base of brain while lying on his back; slept but little; extremities cold, with an irregular pulse, and palpitation of the heart when excited; marked emaciation; gangrene specks on the legs, about the size of shot, as if hot shot had been burned in half way.

I regarded the case as almost hopeless. Suggested to him the plaster-of-paris bandage, as the only thing I could think of for his relief, to which he promptly assented. The bandage was applied while he was suspended; during the suspension said he felt perfectly happy, and could go to sleep.

When the plaster was sufficiently hard, he was placed upon his feet. He looked around with utter astonishment, as though he had entered a new sphere of life, and walked out of the office without his cane, with a quick, elastic step, laughing heartily as he went. All of the above symptoms left him instantly, and he has been steadily improving ever since, although there is some tenderness upon pressure over the spine yet; he bids fair to make a complete recovery.

Case 2.—H. C., aged about 30, married, was injured in the first lumbar vertebra, by being thrown from a horse, during the late war, into a ditch, striking a rail, fracturing the transverse process of that vertebra. He lay in the hospital a number of months, and was finally discharged, on account of disability. He consulted me a few weeks ago in regard to his condition, and after examining him carefully, I concluded to stretch him up and put on a bandage, to which he willingly submitted. The symptoms were nearly like the former case, except the upper portion of the spine was not affected, consequently the nerves supplying the organs of deglutition were not affected, but had more trouble with his urinary organs—difficulty in urinating, urine heavily loaded with the phosphates, and was said to have had albumen in large quantities at one time. He had been treated by different physicians for disease of the kidneys, one of whom has since told me that he had seen him in the most violent convulsions he ever saw. The bandage gave instant relief, and he is now improving in his general health, without medicine. If any one has treated similar cases in that way, I would like to hear from him, through the Medical & Surgical Reporter. D. R. Greenlee, m.d.

Meadville, Pa.

Urinary Calculus.

Ed. Med. and Surg. Reporter :—

On the 25th of February, 1878, I was called to see a female patient, 14 years of age, and learned that she had suffered more or less pain on micturition since December, 1877, and that two weeks previous to my call she made her trouble known and called a homœopathic physician, who, as I was afterward informed, diagnosticated gonorrhœa. I found her suffering quite severely whenever she passed her water, being at times unable to pass but a very little, and also to move her limbs, because of the pain which it produced. She was also unable to sit upright any great length of time. There was no urethral discharge whatever. I passed a sound into the bladder and diagnosticated a calculus. Afterward called Dr. C. C. Smith, of Gaysville, in consultation. The doctor having confirmed my diagnosis, we proceeded to anæsthetize the patient, and dilate the urethra, after which, to the surprise of the attendants, we extracted a large-sized hair pin from the bladder. The pin was covered with a phosphatic concretion of one-fourth of an inch in thickness. Thus the mind of the mother was relieved of the idea that her daughter had the "bad disease," as decided by her homœopathic adviser, but learned that she had made an unwise use of hair pins. L. M. Greene, m. d.

Bethel, Vt., March 20, 1878.

NEWS AND MISCELLANY.

The Louisiana State Medical Society.

It gives us pleasure to announce the formation of this society. From a pamphlet of the proceedings sent us, we learn that a circular letter, calling a medical convention to meet in New Orleans, on the 14th of January, 1878, having been issued from New Orleans, in response to resolutions passed by the Shreveport Medical Society, and the Plaquemines Parish Medical Association, a number of physicians met, at noon on the day appointed, in the buildings of the Medical Department of the University of Louisiana.

The meeting was called to order by Dr. W. H. Watkins, of New Orleans, and Dr. J. C. Egan, of Caddo was elected Chairman, Dr. S. S. Herrick, of New Orleans, Corresponding Secretary. A number of motions looking toward an improved medical and sanitary organization of the profession in the State were put and adopted, and the Code of Ethics of the American Medical Association was declared to be the rule governing the relations of members.

Scarlatina in Montana.

One of our subscribers in Montana writes us, under date of March 10th : We are suffering terribly from scarlet fever; in some cases families lost nearly all their little ones ; the strongest suffer the most ; tetanic spasms carry them off before medical aid arrives ; others sink without convulsions, from heart paralysis. Those that go through it but little harmed at first, suffer in due time from various nephritic complications. Very young children frequently sicken, but have the disease in a light form. Many other diseases, of which we formerly knew nothing in this very healthy spot in the mountains, have made their appearance, so that it is now a rare thing to find a healthy person.

Threatening Epidemics.

Should a war break out between England and Russia, we may confidently look for a rapid extension of cholera in western Europe, if not of the plague and typhus also. The last mentioned disease is already very prevalent in St. Petersburg and Constantinople.

In St. Petersburg, according to late returns, the death-rate reached the extraordinary figure of 62 per 1000 of the population, the highest rate ever known. This is a higher rate, by 100 per cent., than any other European city, Rome, Munich, and Naples excepted. Reliable reports state that the typhus epidemic in that city baffles medical skill to arrest its progress, and the fresh cases average 300 or 400 a day.

On the other hand, distress and disease are terribly on the increase in and around Constantinople, where 26,000 refugees are herded together. The cows are mostly affected with typhoid, and the disease is spread far and wide by the milk.

The cholera has broken out with violence in Southern Arabia, Mecca and Jeddah, among the pilgrims. The plague in Northwestern Persia has been steadily extending its ravages, especially in Resht and the neighboring district. Either of these dreaded epidemics would prove particularly formidable in view of the massing of troops in Turkey and Egypt, and the unavoidable neglect of sanitary precautions.

Lady Hospital Doctors.

At Berlin there will be opened, in the course of this year, a hospital officered by lady doctors. Berlin has been for some time in possession of a clinic entirely managed by the lady doctors.

Writer's Cramp.

Dr. George M. Beard, 41 West Twenty-ninth street, New York, is prosecuting a series of researches on writer's cramp and analogous conditions. Physicians who can aid him are invited to correspond with him as above. He will furnish blanks containing a series of inquiries on the subject.

Items.

—Mrs. Ann Hopkins, of Cedar Creek, Tenn., is 117 years old. She has three sons living, her "baby" being 90 years of age.

—A conclusive reply has been given to Mr. Mallock's clever articles in the *Nineteenth Century*, entitled, "Is Life Worth Living?" The answer is, "It depends on the *liver*."

—"But the angels came and took him," is an obituary phrase of such frequent use as to demand that the Board of Health should investigate it. In fact, the angel disease, whatever it is, seems to be epidemic.

—Poisonous qualities are popularly attributed to the castor oil bean. According to the statements of a California newspaper, this property extends to the leaves, sufficiently to make them of use in destroying insects. By distributing the leaves where grasshoppers were numerous, great numbers of the insects were soon killed.

—The *Christian Standard*, which is the organ of the Holiness people, and advertises pills, worm syrups, liver regulators, and other nostrums, defends itself by saying that it needs the money which these advertisements brings, in order to keep up its existence. But it admits that the advertisements are not wholesome Sunday reading. It suggests that the columns of genuine holiness reading which it gives are as much as any Christian wants to read on Sunday, and that the patrons of the paper can read about the nostrums and other things on almost any week-day. It "finally and forever" dismisses the question, however, as it is evidently an unpleasant one to discuss.

QUERIES AND REPLIES.

Ethics.

MR. EDITOR:—Dr. A. is a graduate of medicine, has a drug store, and practices medicine, as he informs the public, free of charge. The case is novel, and his brother practitioners complain that the *mode* is unprofessional, and places our brother beyond the pale of professional recognition. Is the point well taken? M.

Reply.—The point *is* well taken. Any physician who pretends to practice gratuitously, when, in reality, his advice is merely like a chromo, thrown in to sell his drugs, is acting not merely unprofessionally, but in a way that deserves a harsher name.

MARRIAGES.

HOUSEKEEPER—GIBBONS.—At Trinity P. E. Church, Coatesville, Pa., on the 28th ultimo, by the Rev. G. G. Field, Frank P. Housekeeper, M.D., and Elizabeth L., daughter of A. Gibbons.

KIMBALL—BARTLETT.—In Claremont, Vt., March 13th, by Rev. Levi Rodgers, William G. Kimball, M.D., of Boston, and Laura A. Bartlett, of Claremont.

McCOMBS—BODINE.—In Philadelphia, on April 4th, 1878, at Green Street M. E. Church, by Rev. William McCombs, assisted by Rev. Richard J. Humphreys, pastor, Miss M. Ella Bodine, daughter of William H. Bodine, Esq., of Williamstown, and R. S. McCombs, M.D., of Philadelphia, son of the officiating clergyman.

MOORE—NORTH.—At the residence of Dr. Nuby, 1206 Washington avenue, St. Louis, Mo., on March 27th, 1878, by Rev. J. E. Godbey, of the M. E. Church, Miss Etolia T. North and Dr. W. G. Moore, both of that city.

SOZINSKEY—JOHNSON.—In Philadelphia, on the 20th ultimo, by the Rev. Benjamin Watson, D.D., Thomas Smith Sozinskey, M.D., and Miss Abby Willing Johnson, daughter of the late Luke M. and Anna P. Johnson, both of this city.

STILLMAN—GREENMAN.—On Tuesday, March 26th, 1878, by Rev. George B. Utter, Dr. Chas. F. Stillman, of Plainfield, N. J., and Miss Harriett E. Greenman, of Mystic, Conn.

WAKEFIELD—STEWART.—On March 15th, 1878, at the residence of Mr. David Stewart, by Rev. B. Shields Sloan, Joseph C. Wakefield, M.D., and Miss Mary J. Stewart, all of Indiana Co., Pa.

DEATHS.

CHALMERS.—On Wednesday, April 3d, Lottie, wife of J. V. Chalmers and daughter of Dr. H. F. Bishop, of Worcester, Mass.

CLARKE.—In Milford, Mass., February 22d, of diphtheritic croup, Helen Agnes, only child of Dr. Wm. J. and Alida Safford Clarke, aged three and a half years.

HECKEL.—In Philadelphia, on the 28th ultimo, Harriet B., wife of Dr. E. B. Heckel.

HERITAGE.—In Philadelphia, on the 28th ultimo, at his late residence, No. 334 Catharine street, Dr. Joseph Heritage.

KNOWLTON.—In New York, Saturday morning, March 30th, Ella C., wife of Edwin F. Knowlton, and daughter of E. W. Carpenter, M.D., in the thirty-seventh year of her age.

MORTON.—On the 25th ultimo, in Philadelphia, Rev. Algernon Morton, Rector of the Memorial Church of the Holy Comforter, and son of the late Samuel George Morton, M.D.

STADIGER.—On March 31st, in Philadelphia, Mary, widow of the late Dr. John F. Stadiger, in the seventy-fourth year of her age.

WALKER.—On the 1st instant, Alice M., only child of Dr. James B. and Mattie M. Walker, of this city, aged seventeen months and two days.

TAMAR INDIEN;

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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without which none are genuine.

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Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

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3d, It is *less costly:* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

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Professor of Chemistry and Mineralogy."

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DR. E. R. DOUGLASS."

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DR. I. C. BARLOTT."

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"ST. LOUIS, MO., April, 1875

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Week Ending April 13, 1878.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

MEDICAL EXPERT TESTIMONY.

BY JOHN J. REESE, M.D.,
Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, Physician to St. Joseph's Hospital, etc.

Much has been said and written upon medical expert evidence, a subject which is confessedly admitted to be one of considerable practical interest to every member of the medical profession, since no one can tell when it may become his own particular duty to appear upon the witness stand for the purpose of giving such evidence. There still, however, lingers in the minds of many medical men some confusion in regard to the precise status of the medical expert. What are his requirements? What are his privileges? and what should be his compensation?

Before attempting to answer these questions, let us first clearly understand the distinction (which is often overlooked) between an "expert" witness and an ordinary witness. The latter is called upon to testify simply to facts that have come under his own immediate observation, as *e. g.*, when he has seen one person commit an assault upon another; when he has happened to be the spectator of some accident; when he has overheard a conversation connected with some crime, etc. Here, it will be observed, the witness testifies exclusively to what has come within his own personal knowledge; he must exclude everything that has been communicated to him by a third party; in other words, his information must not be second-hand. The "expert" witness, on the contrary, does not testify to facts; he simply gives his opinion as to the causes which have produced certain alleged results. He weighs, so to speak, the facts which have been testified to by others, sits in calm judgment upon them, and deduces conclusions from them, which he delivers to the court and jury as his *opinion*. For example, in a homicide case, it is his business to listen to the details of the murder as related by the eyewitnesses, and likewise the account of the post-mortem examination as described by the physician; and in a poison case, likewise, the results of the chemical examination; and then he must state his opinion whether or not the death has really been caused by violence, and by the particular kind of violence then and there inflicted. Now, it is to be observed that this "opinion" of the medical expert need not necessarily be infallible. It may even, quite possibly, be incorrect. Its correctness will depend, 1st, upon the expert's ability or competency, and 2d, upon his honesty or truthfulness. It is really upon the former of these that the issue will usually turn, inasmuch as the latter is supposed to be insured by his solemn oath or affirmation. Still, as we have said, the expert witness is not infallible: he may err in his judgment; yet, paradoxical as it may at first sight appear, he cannot make a mistake in his testimony, as the ordinary witness may, and often does; for, while the latter testifies to facts (or alleged facts), about which he may readily make a mistake, being deceived by his own senses, as *e. g.* in a case of personal identity, the former merely gives his opinion concerning these facts, and he cannot be mistaken about its being his *opinion*, and that is all he swears to. Whether the opinion be correct or not is a point for the jury to determine. Further than this, he is not to be held responsible for the *result* of his opinion, even though this result be the conviction and execution of the prisoner. This idea is fraught with a solemnity which at times becomes most painful; and it ought to produce in the mind of the "expert" witness a deep sense of his responsibility, especially in a capital case. In the language of Dr. Percival, "he should use his best endeavors that his mind be clear and collected, unawed by fear, and uninfluenced by favor or enmity."

We are now prepared for the question—What are the requirements of the medical expert witness? In brief, these may be summed up in the single homely sentence, that *he should understand what he is talking about;* in other words, that he should be thoroughly acquainted with the matter on which he is giving evidence. This at once suggests the remark that it is by no means every medical man that is qualified to give expert testimony. The very definition of the term "expert" implies that the witness should be "skilled"—having accurate knowledge of the matter under consideration. Such witnesses are chosen, says a high authority, "on account of their special knowledge or skill in particular matters, to testify or make a report embodying their opinions." For example, if it be an action for malpractice, in which damages are claimed by a patient for the shortening of the leg, or some other permanent deformity, alleged to be the result of a faulty treatment of the medical attendant, who, think you, should be selected as the proper expert witness to enlighten the court and jury as to the nature of the original injury, the proper diagnosis, the natural and unavoidable complications attending it, the proper mode of treatment to be adopted, and the necessary pathological and physical results? Certainly, we would not call upon the chemist, however profound might be his analytical skill, or however brilliant his abilities as a teacher; neither would we invoke the aid of the obstetrician, the botanist, the physiologist, or even the general practitioner of medicine, however well established be his reputation. But we instinctively turn to the *surgeon*, as the one whose life-long professional training and experience especially qualify him to give a satisfactory solution to the intricate questions involved. Again, suppose the case to be one embraced in the domain of obstetrics: an action for damages is brought in the case of death from rupture of the uterus during delivery, or on account of a horrid recto-vaginal fistula, alleged to be the result of carelessness or want of skill on the part of the accoucheur; or, it is a charge of puerperal fever, or syphilitic contamination, transmitted through the hand of the obstetrical attendant. Who so competent to act as the intelligent "expert" witness here, as the thoroughly accomplished *gynæcologist?* And finally, in a case of alleged death from poisoning—where the decision of the case, and through this, the momentous question of the life or death of the prisoner, hangs suspended upon the expert's testimony regarding the symptoms, post-mortem appearances, and above all, the detection of the lethal substance in the organs and secretions of the body of the deceased—who should be selected for this all-important function, but the skilled and practical *toxicologist?* Most assuredly neither the surgeon, the obstetrician, nor even the general practitioner would be over anxious to be put "under fire" on the witness stand, in a case like this.

Now, all this seems so clear and self-evident to us, that the wonder is that any sensible man should have the presumption to incur the very grave responsibility of the "medical expert," especially in a capital case, unless he be in very deed and truth "skilled" in the matter under consideration. Yet the history of many of our celebrated trials, and notoriously of poison cases, discloses numerous instances where medical men, of otherwise excellent professional reputation, have figured most discreditably in the witness-box, simply because they presumed to place themselves in a position for which they were not qualified: they were not *expert* in the true sense of the term.

So much for the requirements of the medical expert. Let us now consider his privileges and his proper remuneration. The first point to settle here is, Is the expert witness subject to all the laws and restrictions imposed upon the ordinary witness? Must he implicitly obey any subpœna that may be served upon him, no matter at what personal inconvenience, nor whether he be interested in the case or not? May he be summoned at the beck of anybody, whether plaintiff or defendant, whether known or unknown, to leave his daily business, and to travel, it may be, hundreds of miles from his home, at great pecuniary loss, and be compelled to give his evidence, and undergo the scathing ordeal of the cross-examination, without adequate compensation? Our reply is, that every witness is compelled to obey the mandate of the court, issued in the form of a subpœna. The medical expert is no exception. Still there are limits, even here. No witness can be forced to give testimony (in this country) outside of his own State. If he does so, it is voluntary on his part, and he may make his own terms. But within his State the case is different. In Pennsylvania, the attendance of an expert witness is limited, in civil cases, to his own county; but in criminal cases he may be called anywhere within the confines of the State. The theory of the law is that every citizen is bound to contribute his quota of knowledge toward the enlightenment of the court and jury. This is unquestionably true of the medical witness as much as of any other witness, so far as he is simply to testify *to facts within his own knowledge;* he can certainly claim no exemption here on the score of his profession. But when he is called upon to give his professional opinion upon a matter with which he is peculiarly conversant from the nature of his profession, and the knowledge of which he exclusively possesses as the result of his own study and application, then we think the matter assumes an altogether different aspect. Our own opinion is that the expert witness occupies an entirely different position from the ordinary witness, on the witness-stand. The moment that he begins to deliver his "opinion" as a medical man, he is giving to others what is especially his own private property—that which has been acquired by the expenditure of much labor, time and means on his part, and which no person and no court can take from him without his consent, or without a proper consideration. Certainly, this is common sense and common justice, if it is not common law. We would ask, on what principle of morals or of propriety should a man be compelled to part with the labor of his brain, any more than with the labor of his hands, without an adequate compensation? The law universally acknowledges the latter claim; why not equally the former? Can anything be conceived to be more peculiarly the private, individual property of a medical man than his *professional opinion?* Has he not spent his time, and money, and health, for years past, just to acquire the skill and ability to give this very opinion? Is he not precisely on the footing of the skilled artisan, who, after years of toil and thought, produces some exquisite model of artistic beauty—the living embodiment of what might be figuratively termed *his* professional opinion? Does not the physician earn his livelihood by the sale of his professional opinion? Everybody knows that it is not by the sale of drugs, but by the dispensing of his *advice*, that the physician makes his living. By the statute law of some of our States it is expressly provided that "no man's property shall be taken by law without just compensation;" also, that "no man's particular services shall be demanded without just compensation." Now, according to Blackstone, "every man has a right to use his own as he pleases, so long as he does not injure another in his person or his rights;" and among the natural rights of mankind is the right to acquire property; "not one kind of property merely, such as houses and lands, but every kind of property, such as knowledge and skill, or the products of brain labor, copyrights and patent rights." So says Chancellor Kent, certainly no mean authority. Now, the State constitution authorizes the legislature "to take the property of the people, when necessary for public use, by paying for it." Certainly, then, the State has no right to take the property of an individual, which consists of his "professional opinion," without paying for it.

All this is sufficiently logical, and yet, as we well know, it is far from being an established principle that the expert witness shall receive an adequate remuneration for his services. Indeed, the contrary is the prevailing practice. As a rule, throughout this country, the expert witness does not receive for his services any higher compensation than that doled out to the ordinary witness, *one to two dollars a day and mileage.* Of course, there are exceptional cases, where, for example, the issue is an important one, and especially if the expert is retained by the defendant, and the latter is able to pay; then, there is usually some agreement made beforehand as to the compensation. Besides, we believe that no experienced counsel would be willing to trust an important case with a *reluctant* witness; and surely he would be a reluctant witness who had been dragged hundreds of miles from his home and business against his will, and without the prospect of any adequate remuneration !

Let us see if we cannot learn something on this subject by reference to our friends the lawyers. Are members of the legal profession in the habit of giving their professional opinions, at trials, without remuneration ? The idea is preposterous. If a criminal about to be put on trial should deem the opinion of an attorney essential to his defence, he does not dream of demanding it as a matter of right, without first paying for it ; and who shall say that the "opinion" of the medical expert, given at the trial—the result often of profound study and anxious thought, may not be of even greater value, either as for or against the criminal, than that of the attorney ? Why, then, should more be required of the one than of the other ? Now, the law expressly protects the attorney. In the case of Webb *v.* Baird, 6 Ind. 13, the court says : "To the attorney, his profession is his means of livelihood. *His legal knowledge is his capital stock.* His professional services are no more at the mercy of the public, as to remuneration, than are the goods of the merchant, the crops of the farmer, or the wares of the mechanic." This we deem to be sound doctrine ; and we do not see the slightest reason why, in justice, it should not equally apply to physicians.

In the often quoted case of Webb *v.* Page, 1 Car. and Kir., 23, the late Mr. Justice Maule draws the distinction between an ordinary witness who is called to testify to a fact that he saw, and the skilled witness "who is selected by a party to give his opinion on a matter with which he is peculiarly conversant from the nature of his employment in life. The former is bound, as a matter of public duty, to speak to a fact which happened to have fallen within his knowledge ; as without such testimony the course of justice must be stopped. The latter is under no such obligation. There is no such necessity for his evidence, and the party who selects him must pay him." The judge here manifestly takes the ground that the expert is exempted, not from testifying to facts, if he happens to know them, but only from testifying to his *opinions ;* because such opinions are the witness' private property, and neither individuals nor the public have the right to compel him to part with them without a due consideration.

Professor Ordronaux, of the Law Department of Columbia College, New York, one of our highest living authorities on this subject, is equally emphatic on this point. He says, speaking of medical experts, "Once upon the stand as a skilled witness, his obligation to the public now ceases. He stands in the position of any professional man consulted in relation to a subject upon which his opinion is sought. . . . Neither the public, any more than a private person, have the right to extort services from him, in the line of his profession, without adequate compensation. On the witness stand, precisely as in his office, his opinion may be given or withheld at pleasure, for a skilled witness cannot be compelled to give an opinion, nor committed for contempt if he refuses so to do."

This is, certainly, language clear and emphatic ; and if it only had the force of a judicial decision, it would settle the matter most satisfactorily.

One or two apparent objections have been urged against this sound doctrine, which are easily disposed of. It has been said that, if the medical witness may demand pay in advance for giving his professional opinion, why may not the farmer, when asked his opinion as to the value of land in his neighborhood, also demand additional pay ; and so of every one who is called upon for his opinion ? The answer to this is obvious. If it was the farmer's life business to give opinions as to the value of land ; if this was the source of his income and livelihood, then he should unquestionably have the right of additional compensation. But such opinions are not part of his business as a farmer ; he does not sell them, as the physician and lawyer sell theirs. Such opinions are not required of farmers exclusively ; the subject of the value of land is within the reach of all, and all may form and express opinions thereon. The same may be said in reference to all other callings, where the "opinion" demanded forms no part of the means of their subsistence.

But it has been alleged that the medical expert is no more entitled to his fees for his professional opinions, than are the officers of the court, who receive no extra compensation for their services in criminal cases where there is an acquittal. This is merely a subterfuge, since, in the language of the Supreme Court, "while they (the officers) nominally serve the State gratuitously, they in reality get their pay, because the State fixes the rate of fees they charge private parties so high as to compensate them, in their aggregate receipts, for their services in State cases, where there are acquittals." In point of fact, nobody believes that any person about the court, from the judge down to the crier and tipstaves, ever renders his services without an adequate compensation; and neither ought they to be required to do so.

But, again, it may be said that when the criminal is too poor to provide himself with counsel, the court, out of its humanity, appoints suitable counsel expressly to defend him; and as no previous demand for compensation is made by the latter for their professional skill and labor, therefore, the medical expert has no better right to a fee for his professional opinion. Now, there might be some appearance of plausibility in this argument, if the premises were true, which they are not. We have yet to hear of the criminal case in which the court assigned counsel to the defendant in consequence of his poverty, where some remuneration was not made for the professional services thus rendered. Of course, this compensation comes out of a fund provided by the State for this and other like contingencies. We speak advisedly on this point, since it has fallen to our own unhappy experience to be summoned, not long since, as an expert witness at a criminal trial, where we were assured that a specific sum had been thus set aside by the court for the payment of the counsel assigned to the prisoner; but not a farthing of it came into the pocket of the expert, even though there had been a tacit understanding to the contrary with one of the said counsel, by whom he was subpœnaed! We would like to ask, just here, this simple question: Why should not the medical expert be paid out of this same State fund?

From all that has been said, we must arrive at the following conclusions: that the question of adequate compensation to medical experts is by no means yet settled in this country; and that it is one which demands the serious consideration of the profession, as a matter both of principle and of right; and that, while the *law* in this country does not sanction this right, the broad principles of equity and justice do most clearly establish it. And, further, that it is the duty of the medical profession to agitate this question until a healthy public opinion shall compel such a change in our statutes, that both equity and law may be in perfect harmony on this subject.

Before concluding, we desire to acknowledge our obligation, for some of our suggestions, to two admirable briefs recently drawn up for the Supreme Court of the State of Indiana, in which two physicians of that State, Drs. Alpheus B. Buchman and Thomas J. Dills, appeal from the decision of the lower court, which had committed them for contempt, in refusing, as experts, to give a professional opinion at a certain trial, without previous compensation. These were made test-cases; and by agreement they were taken up to the Supreme Court, in order finally to determine this long-mooted question. The arguments of the appellants' counsel in both these briefs are admirable, and appear to us unanswerable; they cover the whole ground; and we shall await, with much interest, the final decision. And we cannot forego this occasion to express our approval of the manly and determined course pursued by our professional brothers, the appellants in these cases; and to accord to them our thanks, in the name of our common profession. Another case has lately occurred in Virginia, where two physicians, when placed upon the stand as medical experts, refused to answer unless paid a reasonable compensation in advance. The judge, after due consideration, held that they were not bound to answer until paid. It is stated that this case has also been taken to the Supreme Court for adjudication. The final issue has not yet been made known.

Since writing the above, we have been informed that, in the Indiana case, one of the judges of the Supreme Court has delivered an elaborate opinion affirming the action of the lower court; that is, denying the right of the expert witness to demand extra compensation for his testimony. The result in this particular case was that the two physicians concerned were remanded to prison, and only subsequently obtained their release by giving their testimony as desired, in the criminal court. While we deeply regret this decision, our convictions are not in the slightest degree shaken as to the propriety, the fairness, and the justness of the principle that we have been advocating. This is not the proper occasion to attempt a legal criticism upon this decision. Whether it will be sustained by the Supreme Court of Indiana in full bench, remains to be seen. Most probably it will. But even this may not be final, since it is notorious that even learned judges differ from one another, in their written opinions, quite as much as their often ridiculed brethren of the healing art. To our obtuse comprehension, however, it seems singular that while in the above decision the judge fully admits the right of the attorney to compensation for his professional services, he with the same breath denies a similar right to the medical expert, although both were engaged in the same case, and each contributed precisely the same sort of skill, and knowledge, namely, that which was the result of mental effort. To call one a particular service, and not the other, in the language of the judge, fails to enlighten our dull intelligence, or to satisfy our common sense; but, then, law is law, however law may *not* be justice; and so long as this is the law, it is, of course, our duty to observe it. But this will only serve to give emphasis to what we have already remarked upon the duty of the medical profession, earnestly and unitedly to agitate this question, and to carry it higher than even the supreme court of the state—to the source and fountain of the law—the legislature, where we may hope for a repeal of the obnoxious statute, if it really exists, or the enactment of a new, sound and healthy law upon this subject.

A CASE OF HYDROPHOBIA.

BY CHARLES C. PIKE, M.D.,
Of Peabody, Mass.

February 20th, 1878, at about six o'clock in the evening, I was called to see Wm. M., a young man, twenty-six years old, by trade a morocco dresser. I found him lying on a sofa, dressed. The patient said that he had not felt well for three days, but that he had worked at his trade the day before; he complained of a dull heavy pain in his right shoulder, shooting up toward the neck, and sometimes extending downward toward the elbow. He said that occasionally when he attempted to swallow anything, whether fluid, or solid, but more particularly if it was fluid, he felt a choking sensation. He had been unable to eat anything, since the morning before. He felt hungry, but could not bring himself to the necessary effort of trying to swallow. His pulse was 86, full and strong, temperature 99°. Tongue sligtly furred; Breath somewhat offensive. Mucous membrane somewhat congested, especially about the fauces; no membranous patches; saliva very viscid. Noticed that there seemed to be a general capillary turgescence of all exposed parts of the body. Suspecting that this might prove to be a case of tetanus, I questioned him carefully, but could learn nothing to confirm the suspicion. I then thought of hydrophobia, although he had not mentioned having been bitten. Concerning this point I made inquiries of his boarding mistress, and learned from her that on Christmas day, just eight weeks before, he had been severely bitten through the right hand, by a Newfoundland dog. That a physician cauterized the wound with nitrate of silver. That the dog had been followed, but was not found, so that whether it was rabid or not, could not be learned. I expressed fears, to his friends only, that the poor fellow had hydrophobia. Ordered him 20 grains chloral hydrate and 30 grains brom. pot., by clyster, together with beef tea and milk every four hours, all of which were retained.

February 21st, morning. Patient no better. Pulse 90; temperature 100°. Had had only a few minutes' troubled sleep at a time. Looked very haggard and worn, and presented a sallow appearance, which strongly reminded me of the cachexia of puerperal fever. Patient had not been able to lie down, any attempt to swallow bringing on slight spasms, which were also easily produced by a very slight draught of air, or even the jar produced by walking across the floor. Could suck pieces of ice; ordered frozen milk; continued former clysters; also gave $\frac{1}{30}$ of a grain of atropia, hypodermically.

February 21st, evening. Pulse 108; temperature 101.5°. Could not swallow. Had frequent involuntary spasms of muscles of the throat and chest. The tired, careworn look was not as noticeable, but had given place to a wild maniacal look. Complained much of the sense of constriction of the throat; also of the pain in his shoulder, but said he was better than yesterday, only at times he felt as if he should lose his mind. Discontinued the chloral hydrate and bromide of potassium. Continued beef-tea and milk injections. Also gave $\frac{1}{20}$ of a grain of atropia, hypodermically.

February 22d, morning. Patient decidedly worse. Pulse 120; temperature 102°. Seems very nervous indeed. Bowels moved slightly. Repeated the atropia $\frac{1}{20}$ of a grain. I may here mention that from the first the pupils were rather dilated, and that the use of the atropine did not appreciably affect their size; neither did it seem to increase or diminish the sense of constriction or choking.

Noon. No particular change. Pulse 132; temperature 130°. Met Dr. A H Johnson in consultation. He suggested the external application of tincture of aconite, chloral hydrate, and camphor, in equal parts, to the whole length of the spine, also the hypodermic use of chloral hydrate and atropine. No mention had heretofore been made of hydrophobia to the patient, neither had he referred to the bite in any way. Through the over-officiousness of a friend of the patient, an irregular practitioner saw him, and in his presence remarked that it was a case of hydrophobia. Whereupon the patient, who had evidently been hoping against hope, exclaimed, "Oh God! I am sorry you mentioned that," and very soon afterward became frantic with distress. Also became somewhat delirious; when much excited, noticed that he could chew pieces of beefsteak, and even swallow them, with some little difficulty. Also noticed that he did not mind a slight draught of air, when not paying attention to it. From this time forth he said that he should die, and talked freely of his having been bitten, etc.

2 o'clock P.M. Patient had become so wild and unmanageable that nothing could be done for or with him. His attendants becoming afraid of him doubtless increased his excitement. He would get down upon his hands and knees and moan with distress; and when trying to rid himself of the terribly viscid mucus which seemed to fill his throat, the masseter muscles would contract spasmodically, causing his jaws to come together violently, all of which was promptly construed into "dog practice" by his horrified attendants. I thought it best to administer an anæsthetic, which I accordingly did, assisted by several men. Found that chloroform acted promptly and kindly. While under its influence I had a camisole put upon him. After recovering from the anæsthetic he was somewhat delirious, but very quiet, and almost entirely free from spasms. Was very malicious and treacherous; would occasionally kick or spit at his attendants if they gave him a chance to do so.

Evening. Patient again very restless, though not as much so as heretofore. Pulse 136, temperature 105°. Talked rationally; asked to have the camisole removed; said he would do no harm. I therefore removed it. Looked and seemed very grateful, but was very nervous, constantly patting his feet on the floor, and endeavoring to clear his throat. Could lie down; has chewed and swallowed several small pieces of beefsteak. Gave beef tea and milk injection, which was retained; also gave, hypodermically, chloral, ten grains, atropine, one twentieth of a grain; after which he seemed more quiet. He remained comparatively comfortable for several hours, although making frequent attempts to raise the viscid mucus from his throat. About 2 o'clock A. M. he became more restless, sighing and talking incoherently; evidently was sinking. I was summoned, but when I arrived he had just expired, apparently dying from nervous exhaustion. I would add, that several medical gentlemen beside Dr. Johnson and myself saw the case, all confirming the diagnosis.

Autopsy, fifty-five hours after death, conducted by Dr. A. H. Johnson. Rigor mortis extreme. Appearance of the cadaver unusually revolting, owing to the oozing of the bloody and frothy mucous from the mouth and nostrils. A peculiarly brutal and malicious expression, from the rigidity of the muscles of the face, and the mahogany color of the skin of the upper half of the chest, of the throat, and of the right arm. Considerable decomposition apparent over the abdominal surface. Cicatrix of the bite presented no remarkable appearance. Brain.—Blood vessels much distended; convolutions somewhat flattened. Choroid plexus somewhat congested. Small amount of fluid in ventricles. The cortical substance congested so as to sharply and strongly contrast with the white fibrous portions. Corpus striatum darker than usual; is of a light chocolate color. Meso cephalon greatly congested. Heart.—Right ventricle and auricle moderately distended with dark fluid blood; lining membrane of right ventricle, pulmonary artery and the valves, of a dark mahogany color. Left ventricle and auricle distended with soft, tarry-looking clots; heart otherwise healthy. Lungs distended to the full capacity of the chest, their vessels filled with blood, their surfaces uneven, with many shallow depressions, produced by atelectasis. Kidneys—cortical substance congested. Right kidney much more congested than left. Liver somewhat congested, otherwise normal. Stomach congested in large curvature, and contained about a pint of greenish fluid. From observation of this case, and a study of the disease to which it has led me, I feel confident that hydrophobia is not produced by apprehension and nervous excitement, but rather that it is a specific blood poison, which expends its force upon the nervous system, as indicated by the rapid exhaustion and the so far invariably fatal results. The inability to swallow would naturally lead one to suspect the disease, but the inability to swallow, accompanied by an involuntary contraction of the muscles of deglutition when liquids are presented, together with the spasm produced by a draught of air or a sudden flash of light, are, I think, symptoms sufficient to indicate the nature of the disease. In this case it will be observed that nothing gave much, if any, relief, save chloroform. I think the unfortunate naming of the disease in his presence hastened the necessity for its use, and that it even hastened the patient's death.

In view of the present knowledge of the profession, and of the terrible suffering of hydrophobic patients, I would, if called again to treat it, make early and free use of chloroform, of course endeavoring to keep up the strength of the patient by nourishing injections, stimulants, etc., as best I could. Chloroform would seem to be preferable to ether, because of its more rapid effect and more agreeable smell. Probably the danger from syncope is very little, owing to the general capillary congestion. The use of large doses, hypodermically, of chloral hydrate (gr. 20) and atropine (gr. $\frac{1}{15}$) seemed to have a somewhat sedative effect, yet far less so than chloroform. Finally, from what we know of the disease, it would seem that what is done curatively must be done in anticipation of the acute symptoms, by promptly destroying the poison at its point of entrance, with caustics.

CONTRIBUTION TO THE ETIOLOGY OF BLINDNESS.

BY DR. M. LANDESBERG,

Of Philadelphia.

The knowledge of an evil is an important step toward the removal of it. If this maxim is so essential in regard to the evils of the social life, how much more must it be with the diseases of the human body, the knowledge of the etiology of which not only greatly influences the treatment, but affords the best means either to check the disease in its beginning or to prevent it entirely.

The science of the etiology of diseases is yet in its infancy, affording but few satisfactory results. This arises mainly from the difficulty of the subject itself, the causes of one disease being various, according to locality and circumstances, and because, in many cases, the same cause is able to produce various kinds of diseases.

In our special branch of science, the question of the causes of blindness has till now occupied but few authors. And yet this subject is deserving the greatest consideration of the men of our profession, because, in my opinion, not the statistics gathered by census, but the records of the oculists are fit to advance our knowledge on this matter. In a census the percentage of errors must be very great, partly arising from individual neglect, partly from disinclination to verify personal infirmities. And even the statement of the facts themselves is defective, because there is no mention made, either of the causes or of the nature of blindness.

Every oculist of some experience will agree with my observation, that in every census the statistics of cases of blindness are incorrect and untrustworthy. So many cases of blindness are not at all accounted for, and so many are noted which are not, or which afterward recover either a part or the whole of their sight. Take, for instance, all people suffering from cataract, whose blindness is only temporary, and of which number the greatest part can have their sight restored by an operation.

The only reliable and trustworthy record can be made by the oculist within the sphere of his activity. By exact and careful observation, he only is enabled to contribute to the knowledge of the causes of the great loss of vision, among the various classes of people, and to point out the measures to strike at the root of the diseases. Of course, I cannot deny that this is difficult work, involving great loss of time, and entirely impossible under certain circumstances. Every contribution must, therefore, be welcome, indeed, which furnishes the results of personal observation, and deals with facts strictly examined, and faithfully recorded.

Of 8767 eye patients who came under my observation during my residence at Elberfeld within 7 years, there were 580 whose sight was hopelessly lost. From this number are excluded all cases of primary cataract, and those cases of blindness which afforded any hope of improvement, as, for instance, cases of partial detachment of retina and of atrophy of optic nerve, where the process of disease was not yet ended.

The causes of blindness of the 580 cases were as follows:—

I. Affections of the conjunctiva resulted in 48 cases of blindness, viz.,

(*a*) Granular conjunctivitis caused 26 cases of blindness; of 12 men and 14 women. Loss of both eyes of one man and one woman each.

(*b*) Blennorrhœic conjunctivitis caused six cases of blindness, of 4 men and 2 women. Loss of both eyes of one man and one woman each.

(*c*) Diphtheritic conjunctivitis caused the loss of both eyes of a child four years old.

(*d*) Blennorrhœa of new-born infants led to blindness in 15 cases, with loss of both eyes in two cases. Of the fifteen children, three were brought to me at an advanced age, viz.: 1. A boy, fifteen years old, with total leucoma of the cornea of both eyes. 2. A girl, five years old, with total leucoma of the cornea, and atrophy of the left eye. 3. A girl, eleven years old, with phthisis of the right eye. The other children came under my observation between the first and ninth week after delivery.

In the eight cases of blindness of both eyes, the suppuration of the cornea was, at the time of first examination, so far progressed that there was no chance left to check the morbid process. In seven cases, the previous treatment was for the most part in the hand of the midwife. But even where a physician was called in, no competent treatment had been adopted.

In all cases of one-sided blindness, the cornea of the other eye was also affected at the time of my first examination. In three cases normal vision was recovered; in one case, where there was central leucoma of the cornea, with prolapse of iris, a certain amount of vision could be restored by subsequent iridectomy.

II. Primary affection of the cornea caused blindness in 85 cases; of 37 men (of both eyes in three cases), 29 women (of both eyes in two cases), and 19 children (of both eyes in one case).

Of three cases of epithelioma of the cornea with consecutive irido-cyclitis, causing loss of vision, one was of a chimney-sweep.

III. The affection of the uveal tract (irido-choroiditis with its consequences) caused 58 cases of blindness—of 24 men (of both eyes in two cases), and 34 women (of both eyes in three cases).

Of the women there were four girls, aged respectively, 17, 19, 23 and 24 years, who were affected by amenorrhœa. Of these, one girl, 17 years old, suffered from severe chlorosis, and the others from congestion of the brain, complicated with severe neuralgia of the head; of these four girls, two lost both eyes. No anomalies of the sexual organs could be ascertained.

IV. The affection of the retina caused 14 cases of blindness, of 8 men and 6 women. Of the former, five lost both eyes, of whom, two by pigmentary retinitis. Of the latter, two lost both eyes, of whom, one girl, 18 years old, by pigmentary retinitis. Of her three brothers and four sisters, five (three brothers and two sisters) were also suffering from pigmentary retinitis.

One girl, sixteen years old, lost her left eye by apoplectic retinitis, following a severe metrorrhagia, which had occurred three months previously.

V. The detachment of the retina as a consequence of myopia caused 38 cases of blindness, of 30 men and 8 women. Of the former, six lost both eyes, of the latter, two.

For most of the cases, a hereditary tendency to myopia could be traced. The myopia of the other eye was varying between $\frac{1}{36}$ to $\frac{1}{2}$.

VI. The affection of the optic nerve caused 46 cases of blindness, viz.:

(*a.*) The genuine atrophy of the optic nerve caused 28 cases of blindness, of 24 men and 4 women. Of the former, 20 lost both eyes, of the latter, 3. In twelve men, the abuse of alcoholic liquors and tobacco could, with certainty, be established as the cause of blindness.

(*b.*) The secondary affection of the optic nerve, in consequence of affection of the cerebro-spinal nervous system, caused 18 cases of blindness, of 14 men, 2 women and 2 children. Of the men, 8 lost both eyes, and of the women, 2.

The primary affections of the cerebro-spinal nervous system were commotion of the brain, encephalitis, tabes dorsalis, creeping paralysis, tumor of the brain, softening of the brain, and basilar meningitis. The secondary affections of the optic nerve were atrophy and neuro-retinitis descendens. Both children lost their sight by neuritis descendens, in consequence of a tumor of the brain.

vii. The glaucoma produced 41 cases of blindness, of 28 men and 13 women. Of the former, 13 lost both eyes, of the latter 3. In many cases the iridectomy was not performed at all, partly through neglect of the patient, partly of the attending physician. In some cases the iridectomy was performed too late, and in others it was very defective.

viii. Unsuccessful operations caused 32 cases of blindness, of 18 men, 11 women and 3 children. The loss was caused, (1) by operation of cataract in 28 cases (of both eyes, in one man and two women); (2) by iridectomy in 3 cases; (3) by advancement of external rectus in one case.

ix. 37 cases of blindness, of 23 men and 14 women, are mentioned in my diaries, the etiology of which either could not be ascertained at the time of examination, or was not recorded. Of this number two men were blind of both eyes.

x. Tumors of the eyeball caused 12 cases of blindness. Of this number 4 men and 3 women lost their sight in consequence of sarcoma of the choroid, and 5 children, between the ages of eighteen months and six years, in consequence of glioma of the retina.

xi. Tumors of the orbit caused 6 cases of blindness, of which number three men and two women became blind in consequence of sarcoma, and one boy, four years old, in consequence of echinococci in the orbit.

xii. Congenital blindness was observed in 8 cases, viz.:—

1. Corneitis intra-uterina of both eyes; 2. Choroideo retinitis intra-uterina of both eyes in 2 cases; 3. Congenital anophthalmus in 4 cases, of both eyes in one case; 4. Congenital buphthalmus of one eye.

xiii. The traumatic lesions of the eye caused blindness in 118 cases, of 71 men (of both eyes in three cases); 19 women (of both eyes in one case), and 28 children.

The injuries occurred:—

(*a*) *of the Men.*

In pursuit of professional duties,	in 26 cases.
By accident,	13 “
By assault and battery,	23 “
By burning,	1 “
In the war,	2 “
Through explosion,	6 “

(*b*) *of the Women.*

By accident,	10 cases.
By assault and battery,	8 “
By burning,	1 “

(*c*) *of the Children.*

By carelessness,	15 cases.
By assault and battery,	8 “
By accident,	5 “

xiv. General disease of the body led to consecutive blindness of the eye in 35 cases, viz.:

Small-pox caused blindness in 14 cases as follows:—

(*a.*) In consequence of blennorrhœic conjunctivitis in one man. Loss of the left eye, through secondary suppuration of the cornea.

(*b.*) In consequence of primary affection of the cornea, in 13 cases—of 4 men, 6 women and 3 children. Of men and women one lost both eyes. Of all patients only two (one man and one woman) had been vaccinated.

Severe hemorrhages caused blindness in 4 cases, viz.:

(*a.*) Of a merchant, in consequence of blood-vomiting; loss of both eyes.

(*b.*) Of a seamstress losing the sight of her right eye two weeks after profuse metrorrhagia had been arrested.

(*c.*) Of a girl, who gradually lost the sight of her left eye, in consequence of profuse epistaxis.

(*d.*) Of a woman, whose right eye became blind in consequence of frequent attacks of metorrhagia.

In all cases the loss of sight was caused by atrophy of the optic nerve.

Puerperal Affections led to blindness of three women, of whom two lost both eyes, through irido-choroiditis metastatica

Cerebro-spinal Meningitis caused blindness of three children, of whom one lost both eyes, through affection of the optic nerve and retina.

Typhoid Fever caused blindness in two cases, viz.: Of a man (right eye) in consequence of irido-choroiditis; of a woman (right eye) in consequence of neuro-retinitis.

Measles caused blindness of both eyes of a girl six years old. The background of the eye, examined a year after the blindness took place, showed atrophy of the optic nerve.

Diseases of the Heart caused blindness of four men (of whom one lost both eyes) in consequence of embolism of arteria centralis retinæ.

Gonorrhœa led to blindness of four men, of both eyes in one case; all of them transferred the gonorrhœic matter into the conjunctiva, giving rise to suppuration of the cornea.

Syphilitic affections caused blindness of two men; one lost his right eye, by exostosis of the orbit, leading to exophthalmus and to secondary suppuration of the cornea. Infection three years previous. The other lost his right eye by atrophy of the optic nerve. Infection six years previous.

1605 *Arch Street.*

HOSPITAL REPORTS.

UNIVERSITY HOSPITAL.

SERVICE OF H. C. WOOD, JR., M. D.,

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Specially reported for the MEDICAL AND SURGICAL REPORTER.

Locomotor Ataxia.

CASE 1.—The patient is a lumberman by trade. His present troubles date back some three years, or more. There was first stiffness and then pain in the knees. The pains came on about six months after the stiffness. These pains were of a cramping character, and left a temporary local soreness behind. The pain was always localized, although it appeared at different points upon different occasions.

There is evidently sclerosis of the posterior portions of the cord here. The suddenness of the seizure and the come-and-go nature of the pains are pathognomonic. The pains of locomotor ataxia usually attack the extremities; they may, however, be localized in any one of the internal organs. I remember one instance in which there was the most horrible gastric pain, with vomiting at intervals of every two or three hours, the patient being perfectly well between the attacks. Again, there have been cases in my private practice in which the rectum, bladder and genital organs have been the seats of the pains.

In locomotor ataxia there is generally disturbance of both motility and sensibility. Be very careful that you do not mistake it for rheumatism. The points of differential diagnosis are the following: In locomotor ataxia there is no swelling nor redness, and no organic change in the part, except in the case of local atrophy, which shows that there is sclerosis of both the anterior and posterior columns. Moreover, the pain is not. as in rheumatism, made worse by motion, and is not confined to any one spot. In rheumatic neuralgia there will very often be found a persistent tenderness over the course of the nerve trunk. Rheumatic neuralgia is rarely bilateral, whereas the pain in locomotor ataxia very frequently attacks both legs. The other symptoms, too, of locomotor ataxia very quickly come to your assistance, such as loss of the power of coördination, disturbances of motility, defects of vision, and quite frequently a state of extreme sexual excitement, followed by complete impotence. The disturbance of vision is shown in the inability to distinguish between colors. Upon examining the eye with the ophthalmoscope, you will usually find considerable degeneration of the optic nerve.

From the fact that in this case there are no pains in the upper part of the body, and no disturbance of vision, we may conclude that the lesion is confined to the lower part of the cord. The centres presiding over the sexual act are in the lower lumbar region.

Our patient has suffered from complete loss of the sexual function for the past year. This impotent condition was preceded by one of abnormal excitement. His form of impotence is one quite common in such cases—one attended with frequent seminal emissions. The loss of power, therefore, depends upon the inability to produce erections. This would indicate that erection is not a passive state, for if, as some physiologists say, it be due to vaso motor paralysis, in locomotor ataxia we should find a constant state of erection.

This man also suffers from considerable weakness in the legs, so that he finds it impossible to walk up and down stairs. Though he can walk better by daylight than at night, or when he keeps his eyes shut, yet he does not present, to a perfect degree, the disturbance of the coördinating power found in typical cases of this disease, for in such cases the patient cannot walk with his eyes shut without stumbling. This man has, however, the peculiar pains of locomotor ataxia, together with a decided loss of muscular power, and quite marked disturbance of the power of coördination, as evinced by his shuffling gait. We. therefore, have not a pure, but a mixed case here. Together with the usual lesion of the posterior columns of the spinal cord, there is probably a lesion of some other portion of the cord. Locomotor ataxia, indeed, is not a true disease, but only a symptom. The real disease is sclerosis, which may take the form of acute muscular atrophy, or of locomotor ataxia, or of half a dozen other different diseases, according to the situation and nature of the organic lesion. This case is probably a mixed one, of specific origin. I find, upon close questioning, an indistinct history of venereal disease. The infection was not, however, followed by any secondary or tertiary symptoms, so far as the man knows. In five cases out of six, such as this, the venereal history will be found to be a very vague one. If this case turns out to be one of specific origin, the sclerosis will be found to have invaded both anterior and posterior columns. This man, as you have been told, suffers from the characteristic pains of the disease. In Case 2 you will find that there has been an entire absence of the characteristic pains.

The prognosis in this case is very unfavorable, unless the disease turns out to be of specific origin; otherwise treatment is almost hopeless. In some cases nitrate of silver does good. I have put this man upon twenty grains of the iodide of potassium, with one-twenty-fourth of a grain of the bichloride of mercury, in an ounce of the compound decoction of sarsaparilla, thrice daily.

Case 2.—This man says he felt entirely well two months ago. The first warning of his present troubles was a numbness of the lower extremities, which began in the feet and crept slowly up the legs. It was not so much a loss of feeling as an altered state of sensation of the part. A few weeks after this he experienced some difficulty in walking—a certain loss of control over the movements of the lower limbs. Once, when in the woods, he tried to jump from one log to another, and was surprised to find that he had missed his mark. Though his walk is not steady at present, he has no very great difficulty in getting along when it is light and he can see his path, but at night, or when he closes his eyes, he at once stumbles and falls.

Upon more careful questioning I find that the patient had syphilis when he was young. Furthermore, that, when in a hospital, during the war, in 1862, he found great difficulty in passing water. Still more lately, but some time before his present symptoms came on, he was in the habit of sitting a great deal on the sharp top of the back of a chair, when a clerk in a business office. He says, too, that he suffers constantly from piles.

Now, diagnosis in this case is very difficult. From the man's walk, any one would say at once, that this was a case of Duchenne's disease. In locomotor ataxia, the most prominent symptom is the progressive loss of coördinated movement, as shown in a disordered gait. There is also usually numbness of the lower limbs, quite frequently very marked interference with the passage of urine, and occasionally great constipation of the bowels, attended with bleeding hemorrhoids. But on the other hand, there have been no pains in the limbs experienced at any time by this man, and the disease has developed, not slowly, but very rapidly. In locomotor ataxia, too, there is usually disordered vision, which is not present here at all. [The lesion in locomotor ataxia is in the posterior horns and columns of the spinal cord.] This case, from all the above, though it simulates locomotor ataxia, can hardly be called a typical instance of that disease. But we have other possible explanations. It might be the result of specific disease; local, syphilitic lesions of the cord.

Again, the peculiar habit which the man had of sitting on the back of his chair would also explain his present troubles. This might have caused a partial local paralysis, with reflex irritations of the genito-urinary and other nerve tracts.

Some patients have a natural tendency to weakness of the bladder, and in these cases there is nearly always some gradually developing spinal disease. This patient thinks that his disease has developed within two or three months; but how can we say that his early attack of syphilis did not give rise to a slowly progressing spinal lesion, which showed itself first in 1862 by constant and obscure dysuria, and more recently and openly by these symptoms simulating locomotor ataxia.

Da Costa, in his "Diagnosis," speaks of cases of locomotor ataxia of syphilitic origin which exactly resembled cases of idiopathic locomotor ataxia, except in the absence of any marked neuralgic pain. The dysuria, loss of coördinate movement, loss of sensation, and all other usual symptoms were present. I have no doubt that this may be just such another case, and I will order the man put upon a regular course of the bichloride of mercury and iodide of potassium. Electricity shall also be tried, and I will let you know the results hereafter.

An Obscure Case.

This man had an attack of fever and ague some three or four years ago, while working as a boatman. Ever since that time he has noticed a failure of strength in his legs. This loss of power has been very marked during the past two years.

The diagnosis in this case is exceedingly difficult. There has been, as the man tells us, a progressive, increasing loss of power, which at no time has become complete, with excessive wasting of the muscles, but no loss of electro-muscular contractility. The trouble may possibly be of the character of chronic muscular atrophy, in which, as you know, there is chronic degeneration of the gray cells in the anterior cornu. On the other hand, the disease may be purely local in its character. In this case the legs are symmetrically affected; this condition is rare in chronic muscular atrophy. What the man mentions as an attack of fever and ague may possibly have been one of acute muscular atrophy. Though exposed to malarial influences the patient says he did not vomit much, but that his skin was very yellow.

You notice that the veins of the legs below the knees are varicose. This state alone would be enough to impaire the nutrition of the limbs. The muscles have grown much more attenuated than would be natural in so robust a a man.

This disease must be one of two things. It must be due either (1) to degeneration of the multipolar cells in the anterior cornu, or (2) to purely local changes in the muscles. I was at first inclined to believe in the former condition, but upon further consideration, the symmetrical character of the symptoms lead me to doubt this conclusion. From the fact that the limbs have never regained their former size, that the man had to go to work before he had entirely recovered from his malarial attack, and now has to stand up all day while at his work, I am willing to give him the benefit of the doubt, and call the case one of disease of the muscles.

The proper treatment for the case will be rest, the use of an elastic stocking for the varicose veins, and the application of that kind of galvanic current which causes the most contraction with the least pain. You see that the muscles of the leg respond very well to the faradic current. Every other day I will order my assistant to give a hypodermic injection of strychnia into the affected muscles. Of course, quinia and tonics are also indicated.

Broadbent's Theory of Hemiplegia.

Hemiplegia is usually spoken of as a palsy of one side of the body. Strictly speaking, this definition is not the correct one, for the muscles of the trunk are usually unaffected. Hemiplegia is, therefore, in reality, a palsy of an arm and leg on one side of the body. Why is it that the lateral muscles of the trunk are not also affected as well as those of the extremities. Broadbent, of London, has advanced a theory to explain this seeming anomaly.

Did any of you ever try to breathe with one side of your chest alone? Of course you could not do it. You will find it very hard to depress one eyebrow and elevate the other. The reason of this is that these muscles are associated in their movements. There must be some fusion of, or very intimate connection between, the centres which control these muscles. Let us suppose, then, says Dr. Broadbent, two rows of centres of motility throughout the length of the cord, by means of which centres the limbs are moved. A clot is thrown out in the corpus striatum, and all voluntary motion on that side of the body is prevented; but all the motor cells of the cord are joined together by commissural fibres. Thus, while all voluntary movement is stopped on one side of the cord, the nerve paths of the other side of the cord are still open to impulses. So the impulse communicated to the associated centre on one side runs across, by a commissure, to its fellow of the other side, and moves its subject muscle also. The impulse from one side of the brain throws both of the associated series of muscles into action. But why, you will say, does not the same rule hold good for the centres which control the arms and legs? True, all the centres of the cord are joined together, but the nervous pathways between the muscles of the two arms and two legs are not near so open to nerve impulses as is the case between the centres of the associated muscles, hence the impulse does not travel freely over them.

Let me repeat briefly what Dr. Broadbent says, viz.: the habitual action of pairs of muscles shows that their centres are closely bound together by commissural fibres. In any palsy of one side of the body, the movement imparted to the nerve centres of the muscles of the trunk on the injured side of the body comes from the other side of the brain, and travels over the commissural fibres.

Rachitis.

This child is thirteen months old; until within the past five months has been tolerably well. It has never, indeed, been a perfectly healthy child. Its power of grasp has never developed at all. The family history is not a good one. The child's father has had syphilis. The child has never made any attempt to walk. Its limbs are very small and very cold. There is a slight tendency to rigidity, and I also notice a decided antero-posterior curvature of the spine and some lateral curvature. The child sinks down into his mother's lap and seems altogether unable to hold itself up straight. Several of the dorsal vertebræ are prominent.

Now what name would you give to this condition? It could scarcely be a case of caries in the dorsal spine, for caries so low down would not affect the muscles of the neck. If there were caries, there would be some local tenderness, which there is not here. It might be acute infantile palsy, but the disease is too general for that. What about rickets? There is some slight beading of the ribs, and another very characteristic symptom—the child lies with its feet crossed. You have heard that this child has probably inherited some syphilitic taint from its father. As a proof of this, notice what a general state of malnutrition it shows. Its osseous, nervous, and muscular systems are all imperfectly developed.

How would you treat such a case? The great remedies for this child are phosphorus, iodide of potassium, iodide of iron, and cod-liver oil. Of course the little patient must be warmly clothed, have plenty of good food, and also plenty of fresh air and sunlight. As it is very possible that the milk which it is drawing from its mother is poor, I would say take the child away from the breast at once, and feed it upon good, fresh cow's milk. Grated beef, with brandy and sugar, will be very good for it. Give it also pepsin, with small doses of hydrochloric acid after meals.

As regards medical treatment, I have already sketched out for you the main items. I would give thrice daily, but at different times, from five to ten drops of dyalised iron, and one-half a drop of Lugol's solution. With these remedies tonics should be employed internally, and general faradization applied to the body, for its tonic effects.

◆

—The appeal of the insurance companies to the Austrian Government to obtain a satisfactory disinfection of the fields of the late battles in Bulgaria and Roumelia is an instance of the singular complications of modern society. A number of dead bodies lie unburied in Turkey, and an epidemic is dreaded in Vienna, which may seriously affect the calculations in the actuaries' tables. Apprehension is certainly not unreasonable; the frightful form of typhus which is now raging in Southeastern Europe and in Armenia may well make the directors of insurance offices uneasy, to say nothing of the insurers themselves, who have probably hitherto given little thought to the matter.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Indigo in the Urine.

This interesting fact was illustrated recently by a paper before the Pathological Society of London, in which Dr. Ord described a calculus containing indigo. Indigo was sometimes found in normal urine; indican existed in all urine. No indigo had ever hitherto been discovered in a calculus. This stone contained a large quantity of indigo blue. He had the calculus and the kidneys sent him. The calculus was a mass like a lozenge in the pelvis of the right kidney. The kidneys were diseased, and the right one was suppurating. The calculus was brown in the interior, crusted over with blue-black material. When a portion was burnt on platinum-foil, it gave out a sooty smoke like burning indigo. It burnt nearly completely, the ash being chiefly phosphate of lime. Under the microscope, the brown part was seen to be a crystalline mass of a blue color, which was not blood-pigment. When dissolved in hydrochloric acid, there was a black residue, with blue characters. Was this indigo? If a small part were put dry into a test-tube, and heated to a degree below redness, a bulky vapor was produced like iodine vapor; and, when the heat was removed, this crystallized in six-sided tablets, like indigo. When looked at through the spectroscope, the spectrum agreed with that of indigo; the yellow band being hid by a darker band. The question was, how was it formed? There was nothing in the diet or in the medicine, though creasote had been given freely to check the vomiting. Dr. Ord then spoke of indogen and of indol. Indigo in the urine might be connected with anything hindering the passage of fæces down the small intestines. It was also found in the urine of cholera patients. It was found, too, in chronic suppuration, especially when connected with the urinary tracts. He thought the indigo coloring matter was deposited on a nucleus in the suppurating kidney. The President said that the calculus certainly contained indigo. Dr. Thudichum said it was a remarkable discovery. The material crystallized and vaporized like indigo; it behaved, chemically, like indigo; and gave an identical spectrum with indigo.

On Hydrobromic Acid.

In an article on this new remedy, by Dr. Edward Squibb, in the *Transactions* of the New York State Medical Society, he writes about it as follows:—

The acid is a sedative neurotic, and its principal uses, as developed up to this time, are as an occasional substitute or alternate for the bromides of potassium, sodium and ammonium. It is well established that the bromine is the active medicinal agent whose influence is sought in the use of these salts. And it is also well known that the alkaline bases, and especially potassium, when given for a long time, are liable to enfeeble the muscular tissues, and produce other changes not desirable, through undue alkalinity of the blood and the secretions; and through the secretions to enfeeble the digestive and assimilative processes. It is true that the proportion of cases in which such effects come into undue prominence is small, but to correct them where they do occur, and to forestall them when likely to occur, without suspending the bromine, whose continuous sedative action is often very important, this acid now comes into use.

It is, however, certainly not well adapted to very prolonged use, for, like other so-called mineral acids, it would be very liable to interfere more with the normal processes of the economy than the bromine salts with alkaline bases. Therefore, for the present at least, it must be regarded simply as an alternate for the bromides, for occasional and exceptional, rather than for general use. Such uses are, however, very important in the treatment of chronic affections of the nervous system, even when neither functional nor organic mischief is observed or apprehended, for several reasons, among which the disgust which patients often acquire for salines when long continued is not the least. In hospitals for the insane, especially in the epileptic wards, it should be very useful, both in effect and in facility of administration, because it can be given in the form of lemonade, if moderate or small doses should prove effective.

It has been highly spoken of as a corrective and preventive remedy for the headache, ringing of the ears, and general cerebral distress, which often follows upon the use of salts of quinia, which should be called quinism, and not cinchonism. When given with, or after the salts of quinia, the disagreeable head symptoms are said to be prevented. It should be remembered, however, that, as a general rule, some degree of this quinism is necessary to indicate the full power of quinia salts, and that irrespective of the quantity given, the full influence as an antiperiodic is never assured without some degree of the head symptoms; and that the dose required to produce the full antiperiodic effect varies very much in different individuals, and even in the same individual at different times. In those cases where small quantities of any of the salts of quinia produce head symptoms of disproportionate severity, so that the desired benefit of the antiperiodic cannot be attained because the sufficient dose cannot be borne, this acid is said to be very useful, either given with the quinia salt, or later, when the head symptoms begin. It is also said to be useful in nervous headaches and tinnitus from other causes than the administration of quinia salts, and to be effective when given at any stage of the affection.

Other uses to which the acid has been applied with alleged advantage are not yet confirmed.

The acid is not very easily administered in full doses, in consequence of the large dilution necessary, and the disagreeable effect of "setting the teeth on edge." A dose of fifty grains, equal to 41.66 minims, and to twenty-five grains of potassium bromide, requires not less than eight fluid ounces of dilution. And the dilution must contain not less than an ounce of sugar, or two ounces of syrup, to make it easily drinkable. This will be found to be the principal drawback to the use of the acid, unless it shall be proved to be effective in smaller quantities than its equivalence to the bromides indicates. And this effectiveness in much smaller doses is not only probable, but almost certain, if the experience of Fothergill and others may be trusted, since they give it in doses of one-eighth to one-fourth of those here indicated as being the bromine equivalent of potassium bromide. That is to say, the doses advised by those who appear to have used it with the best effects are equivalent to about six to eight grains of potassium bromide. This published experience would make the average dose of the acid here described, say about twelve to sixteen grains, or the bromine equivalent of only six to eight grains of potassium bromide. In the very limited experience of physicians around the writer these doses are too small, and twenty to thirty grains, equal to ten to fifteen grains of potassium bromide, are needed for a prompt sedative effect, while forty to fifty grain doses are not uncommon. And such doses have to be repeated at times in controlling the headache, etc., of quinism. Even such doses require a dilution of two to four fluid ounces of water, for easy administration.

Koumiss in Obstinate Vomiting.

The following case is reported in the *British Medical Journal*, by Dr. N. McCaskie:—

Miss L. G., a young lady, aged 17, having suffered from anæmia for some time, constant vomiting set in, as the result of gastric catarrh. Nourishment of any kind was rejected as soon as taken; and I think I may safely say that all the remedies recommended in such cases were tried without producing any good effect. The patient was kept alive by nutrient enemata. After this condition had continued for a fortnight, I ordered the patient to try koumiss No. 1. Wineglassful doses were given every half-hour at first, and the quantity gradually increased. At the end of the third day the sickness had ceased. Twenty-four ounces were now taken in the twenty-four hours; and for three weeks this formed the entire nourishment of the patient. On one occasion during this period the supply ran short for one day. Milk and soda-water, and milk and lime-water were substituted, but were at once rejected. When the stomach seemed to have recovered a little tone, small quantities of fresh milk were added to the koumiss, and in time Miss G. was able to take light nourishment in other forms, and improved steadily, the koumiss being gradually given up.

About three months afterward the vomiting and other symptoms returned. All remedies failing, koumiss was again resorted to, and without any other treatment the sickness lessened, and finally disappeared. Fresh milk was then carefully added, with five grains of lactopeptine to five ounces of the milk. At this date the patient is steadily improving. No koumiss has now been taken for six weeks, and there has been no return of the vomiting.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Scarlatina in Chicago, particularly the Epidemic of 1876–77, is the title of a paper by Dr. C. W. Earle of that city. He gives some valuable hints on its treatment and prophylaxis, and winds up with the following query, to which we willingly give further publicity: "Cannot some influence persuade both medical and non-medical men and women to cease publishing their own *peculiar* and *absolute prophylactic?* Every article advocating the use of any such remedy produces erroneous impressions among the people, and diverts their attention from *isolation*, which it is needless for me to say, at this time, I consider the *sine qua non* in the control of scarlatina."

——Dr. D. L. Phares, of Woodville, Miss., gives, in a pamphlet of forty pages, a Synopsis of the Medical Flora of the State of Mississippi. It is an admirable summary of the subject. To be had of the author.

——Dr. A. W. Calhoun, of Atlanta, in an article of eighteen pages, shows that the defects of construction of school-houses, desks, and lighting measures, are responsible for a large percentage of the defective eyesight of children. His advice is summed up in these few words: "If we wish to protect the eyes of children, during the time in which they are acquiring their education, give them, above all things else, plenty of well-regulated light."

THE

Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the REPORTER, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

3. For one new subscriber to both COMPENDIUM and REPORTER, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

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MEDICINE IN THE FUTURE.

In speculating on the probable position of medicine in the future, that genial writer, Dr. BENJAMIN W. RICHARDSON, of London, has predicted that preventive medicine will take the ascendancy, and under the efficient protection of the State, do away with much of the need of the curative branch of the art. Diseases arising from indulgence in harmful pleasures and appetites, or by overwork and shock, will be removed by the growth of moral influences and self-control. Those arising from defective nutrition, unhealthy homes and deleterious occupations, will be eradicated by the application of a riper knowledge to the removal of these causes. Epidemics will be unknown, for an enlightened State will promptly apply the necessary measures to check their incipiency.

As for curative medicine, goes on this pleasing theorist, it may be said already to have received its death blow. The very word *cure*, even now, does not belong to the scientific nomenclature; nor does that oft-vaunted mystery, the *vis medicatrix naturæ.* Nature makes no effort to kill, and puts out no hand to save. A man born to live through a given cycle will live through it free from disease, unless he be stricken from without. A physician, by knowledge, may put the stricken body into such a condition that it may swing back into the regular course of its functions, and that is all he can do; but this is not cure in the common meaning of the term.

Such is Dr. RICHARDSON'S dream of the future. It may be supplemented by that common to several political economists which sets forth the status of medical men in an ideal commonwealth. In such a state the profession will be absorbed in the civil service of the government. It will be recognized that each citizen is of value to the State, and that through his sickness all suffer. Therefore, the State will see that he has medicines, medical attendance and nursing at the public expense, gratuitously. It will be recognized that the pain and loss of time consequent on illness are bad enough, without having to pay the doctor in addition. Or if pay is required, it will only be in the form of an assessment for the maintenance of the service and the good of the poorer classes.

Within a hundred years vast strides have been taken toward the realization of such a scheme. Already it obtains in nearly all the military organizations of the civilized world, and in several of the civil services. The system of clubs, widely prevalent in England, is becoming common in this country. Dispensaries, hospitals and medical missions are increasing daily. Quite recently a well planned effort has been commenced in England to introduce hospital privileges to the middle and richer classes, and the project has been so framed as to have much in it attractive to practitioners. While, of course, this, as any plan, has met strong opposition from the obstructionists, who look with suspicion on anything new, it bids fair to be sanctioned by many of the best men in London. Its aims briefly are :—

1st. To provide hospital treatment, skilled nursing, a convalescent institution, and other accommodation for the benefit of all classes, when attacked by illness, who can afford to pay ; and for the assistance of the medical profession generally.

2d. To provide, furnish, maintain, and regulate such buildings with fittings and convenience for the benefit and comfort of patients and others.

3d. To coöperate with the managers of the present hospitals supported by private charity, with the object of preventing the abuse of hospitals by people who can afford to pay for their treatment.

4th. To provide for the assistance of the medical profession, and for the benefit of the public, a well-regulated hospital, to which the former can send, with confidence, private patients who can afford to pay adequately for the accommodation which they require, and in which the patients will have the advantage of being treated by their own doctor.

All these endeavors are laudable, and the advantages the project offers cannot be overlooked. In a similar manner in many of the towns on the Continent, frequented by Americans and English, it is proposed to establish such "Home Hospitals." All this looks more and more toward the "free medicine" of the future.

NOTES AND COMMENTS.

The Causes of Intemperance.

Dr. Charles W. Earle, of Chicago, in the Seventh Annual Report of the Washingtonian Home, undertakes to answer, from the records of that Institution, the questions, Why do men commence the use of stimulants? and, after periods of reformation, Why do they relapse? In half the cases, he finds they commence from association with tippling friends. Trouble of various kinds and dealing in the article come next. Trouble also is the principal cause of relapses, and next to it comes association with dissolute companions.

It is very noticeable that the custom of having alcoholics at the family table is accused as the cause by only two per cent. of the beginners, and that the prescribing of stimulants by physicians is not spoken of at all by them, nor by those who have relapsed. Dr. Earle does not consider alcoholism a disease, and indulges in a fling at the American Association for the Cure of Inebriety, a position we regret to see him occupy.

Snake Poison.

Mr. Pedler has been making some elaborate experiments on snake poison, with a hope of discovering an antidote, but hitherto without success. His results are published in the *Transactions* of the Royal Society. Ammonia, as an antidote for application to the wound, he has proved to be utterly worthless. Iodide of methyl and hydrochloric acid diminished the activity of the virus, and platinum perchloride formed with it an almost insoluble and inert compound. Neither of these substances, when injected after the poison, proved capable of preserving life. Artificial respiration has caused, in several instances, an apparent revival of life in persons and animals who seemed to be already dead, but in no case has it averted the fatal issue.

Dangers from Salicylic Acid.

This is certainly a substance which should be administered with considerable caution. Several instances where it produced disagreeable consequences have been heretofore mentioned in these pages, and we note that Dr. Watelet communicates a paper to a late number of the *Bull. de Therap.* on this subject, entitled, "Accidents following the Administration of Salicylic Acid." The details are given of two cases of rheumatism treated by salicylate of soda, one of which was followed by gangrene of the lower extremities, and both by cystitis, obstinate constipation and coldness of the extremities.

Insect Powders.

The remarks we made on this subject a few weeks ago (Reporter p. 216) having elicited several inquiries, we may add that two varieties of *pyrethrum* are imported into this market, and sold under the name of Persian insect powder. The first is the product of P. *carneum*, which is brought from northern Persia and Georgia, near Tiflis; the second comes from Trieste, and is collected in Dalmatia. The latter is the P. *cinerariæfolium*. Both varieties are often adulterated with the worthless powder of the allied species, *chrysanthemum leucanthemum*, the common field daisy. The flowers of the *pyrethrum* should be gathered before they are fully open, as then its insecticide powers are most active.

CORRESPONDENCE.

An Unusual Case of Polypus.

Ed. Med. and Surg. Reporter :—

The following case is reported because of the rarity of such cases, and the complete relief which followed the surgical operation for its cure.

Mr. William G. Jordan had been suffering from some trouble with his left eye for several years before I was called to see him. Disease of the maxillary antrum, or of the nasal passage, or of both, was indicated by progressive prominence of the eyeball. This pressing forward of the ball had gone on until, when I first saw him, it was out of the orbital cavity, had dragged the upper lid down with it, and was resting over the cheek upon an everted lower lid. The entire mass in and in front of the orbital cavity was nearly as large as a man's fist. The upper lid was stretched until it would measure two and a half or three inches from its centre to the superciliary ridge. There was a knuckle-like prominence in the centre of the upper lid, looking as though it might be caused by a nodulated tumor. But this, as also the entire surface of the upper lid, which formed the roof of the tumor, was soft. The patient insisted on immediate surgical relief, and was willing to submit to almost anything. The pain and loss of sleep caused by the tension and pressure of the nerves was rapidly affecting his general health. Although the nasal passage on the side of the affected eye was then, and had been for ten years, the seat of small polypi, it was evident that the displacement of the eyeball was not caused by a growth inside of the nostril, but on the contrary, whatever might be the nature of the growth, it had its origin from some point in the orbital cavity immediately behind the eye. I had never seen, nor read of, a case of polypus growing from the posterior surface of the mucous membrane of the eye, nor did I know of any point of communication between the nostril and orbit through which it could have passed. The lachrymal duct was not only open, but there was no considerable distention of the nostril in this region. These items are mentioned to show that my diagnosis could not have been otherwise than obscure.

I was assisted in the operation by Dr. William Craddock, of Lowndes Co., Miss. The patient was informed, before the cutting commenced, that he would, in all likelihood, lose his eyeball, because we had no means of knowing the connections of the tumor. An incision was made from near the inner angle of the eye, through the middle of the upper lid, across the prominence to which we have alluded, and ending near the outer angle. We cut through the lid behind the conjunctival attachment, and came directly upon a gelatinous polypus, which we removed through the incision with but little trouble. It was enclosed in about three ounces of straw-colored serum, was flattened by its position, bent and doubled upon itself, and when dislodged and straightened was about six inches long. It was gelatinous and streaked with blood vessels. When the tumor and water were removed, the eye returned to its normal position without difficulty. The patient has made a good recovery, and has a good, healthy eye.

Z. P. Landrum, m. d.

Columbus, Miss.

Notes from Practice.

Ed. Med. and Surg. Reporter :—

Recently, being called to a woman in labor, I found she had had pains intermittingly for fifteen hours past. Vertex presentation and right hand far down in vagina, wedged in and preventing progress of labor. Not being able to obtain any chloroform near by, I was induced to administer a large dose of chloral and morphine combined. In the absence of a pain (the system being somewhat relaxed), I introduced my hand, and clasping the child's hand, pushing gently and regularly upward, I finally succeeded in getting it up by the head, and, holding it so for a minute or more, it glided past, and a pain coming on, I was rewarded in my efforts by a speedy and successful delivery of a fine boy, weighing twelve pounds.

CASE 2.—Shortly after reaching home, late in the evening, I was sent for, in a great hurry, to visit a girl (two miles off) having convulsions Taking the precaution to carry chloroform with me, I was enabled to check the paroxysms, and delivered her of four (dead) boys. She was not more than five months gone. There were two entirely separate placentas. The cords from each pair appeared to be attached near together. She made a good recovery.

Alabama. R. H. DUGGAR, M.D.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

The Twenty-ninth annual session will be held in Pittsburg, on Wednesday, Thursday and Friday, May 29, 30, 31, 1878, commencing on Wednesday, at 3 P. M.

The following may be expected :—

The Address in Medicine, by Dr. Henry T. Coffey, of Pittsburg.

The Address in Obstetrics, by Dr. William Goodell, of Philadelphia.

The Address in Surgery, by Dr. Samuel W. Gross, of Philadelphia.

The Address in Hygiene, by Dr. Benjamin Lee, of Philadelphia.

The Address in Mental Disorders, by Dr. Jas. A. Reed, of Dixmont.

Action on the resolution from the Committee on Medical Education : (Special order for the second day.)

"*Resolved*, That every member of a County Society organized, or which may hereafter be organized, under the regulations of the Medical Society of the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period of not less than three years; and it shall be the duty of his preceptor to present him a certificate, countersigned by the secretary of the local society of which he is a member, setting forth the facts as above stated.

"*Resolved*, That it shall be the duty of all members of the profession holding allegiance to the Medical Society of the State of Pennsylvania, to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study in their curriculum, and otherwise conduce to elevate the standard of graduation."

The following Committees are to report :—

On Care of Insane, Dr. John Curwen, Chairman.

On Medical Legislation, Dr. R. L. Sibbett, Chairman.

On State Board of Health, Dr. W. B. Atkinson, Chairman.

On Legislation against Criminal Abortion, Dr. Andrew Nebinger, Chairman.

On Female Assistant Superintendents in Female Department of Insane Asylums, Dr. Hiram Corson, Chairman.

AMENDMENT TO CONSTITUTION (to be acted on).

ART. III., Sec. 5. Strike out "continues to reside in the county for which he was originally delegated." Add "Any member of this Society may, by change of residence, transfer his membership to any other regular county society, without prejudice to his standing in this Society."

☞ Secretaries of County Societies are *earnestly requested* to forward, at once, to the Permanent Secretary, complete lists of the names and residences of their officers and members.

All who propose to attend the Session at Pittsburg should apply to the undersigned, *with stamp*, for orders for excursion tickets. The Pennsylvania Central, the Philadelphia & Erie and the Philadelphia & Reading Railroads, will carry excursionists to the session at reduced rates. WM. B. ATKINSON,

Permanent Secretary, 1400 *Pine Street, Phila.*

Lawrence County (Pa.) Medical Society.

At a meeting of the Lawrence County Medical Society, the following officers were elected to serve the ensuing year: *President*, Dr. R. D. Wallace, of New Castle. *Vice President*, Dr. S. Stevenson, of New Bedford. *Secretary*, Dr. John D. Wood, of New Wilmington. *Treasurer*, Dr. H. P. Peebles, of New Castle.

Profits on Drugs.

A New York letter says: The manufacturing chemists are reported to be in as unfavorable a position in regard to supplying the demand for morphine as they have been for some weeks past in filling orders for quinine. In the trade it is stated that the manufacturers will be taxed to their full capacity for some time to come in promptly making deliveries on contracts effected at $3.80 per ounce. A number of parties who are receiving stock at the contract prices, it is said, virtually have control of supplying the jobbing trade, and are obtaining $4.35 a 4.40 per ounce for what they are receiving from manufacturers at $3.80 per ounce.

Is it not time that government took off the duty on these drugs?

Professional Privileges.

The regular Medical Societies of this city are endeavoring to obtain the passage of a law providing that "No person duly authorized to practice physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

Personal.

—Dr. Cornelius Boyle, whose death took place at Washington several days ago, was born in that city in 1817. After studying medicine and being graduated at Columbia, Dr. Boyle began the practice of his profession at the capital, where he rapidly attained to prominence. He was a Democratic leader of note, and President of the Jackson Association in 1860.

—D. W. Kolbe, the well known surgical instrument maker, of this city, died April 7th. He was in many respects a remarkable man, and one to whose earnest industry and scientific skill conservative surgery in Philadelphia is largely indebted. He was born in Marburg, in Germany, about sixty-four years ago, and came to this country as a young man, establishing himself in business as a maker of instruments, for which he had fitted himself in Paris under the instruction of the celebrated Luer.

—Mr. Bergh, the President of the New York Society for the Prevention of Cruelty to Animals denies the existence of hydrophobia. A doctor there undertook to get the better of Mr. Bergh's arguments against the existence of the disease by offering that philanthropist $2000 if he would consent to be inoculated with mad dog virus. Promptly an unimaginative Scotchman steps to the fore and offers himself as a substitute for Mr. Bergh. He is less important to the world than Mr. Bergh, he says, which leads us to suspect that he may have some imagination after all; and he needs money more. If the doctor will pay him the $2000 down he may inoculate him to his heart s content. His offer was declined, with thanks.

—Dr. Charles F. Stansbury, for many years the Grand Master of Masons in the District of Columbia, and an eminent commander of Washington Commandery, Knights Templar, died in Washington, March 30th.

OBITUARY.

DR. FRANCIS GURNEY SMITH.

Dr. Francis Gurney Smith, Professor of the Institutes of Medicine in the University of Pennsylvania, who died on Saturday, was born in Philadelphia, March 8th, 1818, and was the son of Francis G. Smith, a prominent merchant. He obtained both his academic and medical education in the University of Pennsylvania, receiving his degree of Doctor of Medicine in 1840. For about a year after graduating he was one of the physicians of the Department of the Insane of the Pennsylvania Hospital. In 1842 he was elected lecturer on physiology by the Philadelphia Medical Association. In 1863 he was elected Professor of the Institutes of Medicine in the University, and for six years, commencing in 1859, he was one of the attending physicians at the Pennsylvania Hospital. In medical literature Professor Smith is well known as one of the compilers of *Compendium of Medicine*, as one of the editors, for nine years, of the *Philadelphia Medical Examiner*, as the author of frequent contributions to professional periodicals, as the editor of American editions of Carpenter's and Marshall's works on physiology, etc, and as the first American translator of Barth and Rogers' *Manual of Auscultation and Percussion.*

At a Special Meeting of the Medical Faculty of the University of Pennsylvania, held April 8th, 1878, the following minute was unanimously adopted:—

The Medical Faculty having heard the announcement of the death of their late colleague, Dr. Francis Gurney Smith, Emeritus Professor of the Institutes of Medicine, who for fifteen years was a member of their body, and desirous of placing upon record an expression of their feelings upon this sad event, have

Resolved, That Dr. Smith, as a teacher of physiology, was from the first distinguished by the thoroughness, accuracy and clearness of his expositions, and by such full preparations for his duties, and such a magnetic eloquence, that he inspired his auditors with his own enthusiasm for the science he so skillfully taught.

Resolved, That the Medical Faculty always recognized in Dr. Smith a colleague whose conscientious and enlightened counsel, whose high standard of honor, whose earnest desire for improving medical education commanded their respect, and whose refined, courteous and genial manners always rendered his society attractive and entertaining.

Resolved, That the gentleness and sincerity of his character, and the lively personal interest he took in many of his pupils, secured him an unusual share of their affection, and added the authority of his personal influence to that of his sound and thorough teaching.

Resolved, That the sincere sympathy of the Faculty is hereby tendered to the family of Dr. Smith in a bereavement which no time nor change can cause them to forget, but whose bitterness is mitigated by the reflection that he whom they mourn was, in every relation of life, equal to its highest duties, and not less an ornament to his profession than a model of social and domestic virtues.

Resolved, That the Faculty attend the funeral of our late colleague in a body.

JAMES TYSON, *Secretary.*

MARRIAGES.

McNutt—Hallowell.—On the 25th ultimo, by the Rev. D. L. Morrow, Dr. J. S. McNutt and Miss Mary Hallowell, both of Philadelphia.

Moore—Stell.—On Thursday, March 14th, 1878, at the Methodist Church, Paris, Texas, by Rev. J. H. McLane, Dr. Jas. C. Moore, of the firm of Drs. Hooks & Moore, and Miss Sallie I. Stell, daughter of Dr. W. W. Stell, both of Paris, Texas.

DEATHS.

Anderson.—On Saturday evening, April 6th, Lizzie Phillipson, wife of Wm. Anderson, and daughter of Philip DeYoung, M.D., in the thirty-first year of her age.

Brinton.—Of consumption, April 11th, Sallie W., wife of Dr. J. Bernard Brinton, No 755 Corinthian avenue.

Davis.—In Philadelphia, on the 8th instant, Dr. T. Rusling Davis.

Elder.—In Philadelphia, on Friday, April 5th, infant daughter of Dr. J. F. and Martha K. Elder.

Hodge.—On Saturday, April 6th, Harriet Roosevelt, wife of H. Lenox Hodge, M.D., of Philadelphia, and daughter of the late Charles William Woolsey, Esq., of New York.

Hutchinson.—On the morning of the 8th instant, in the fifteenth year of her age, Susan Ingersoll, eldest child of Dr. James H. and Annie J. Hutchinson.

Miller.—At Sea Cliff, Long Island, April 4th, 1878, Dr. William Miller, formerly of New York City, aged 78 years.

Smith.—In Philadelphia, on the 6th instant, Francis Gurney Smith, Jr., M.D., in the sixty-first year of his age.

Tessier.—Dr. Pierre Tessier, of Quebec, an eminent physician and accomplished scholar, died on the morning of April the 8th.

Vansant.—On the 26th ultimo, in Mount Holly, N. J., Dr. William S. Vansant, aged forty-two years.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1104.] PHILADELPHIA, APRIL 27, 1878. [Vol. XXXVIII.—No. 17.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ABORTION—ITS ENTAILMENTS.

BY A. B. TADLOCK, A.M., M.D.,
Of Knoxville, Tennessee.

The illimitable reproductive resources of nature, and the prodigal fecundity of her species throughout the animal and vegetable kingdoms, impress both the casual observer and the scientist alike with admiration and astonishment. Malthus, in enunciating his doctrine, that human population, when unchecked, increased more rapidly than the means of subsistence could be made to increase, must have overlooked the reciprocity and universality of creation's prolific principles. Instead of venturing to regulate natural processes, and the destiny of eternal laws; Malthusians would profit by studying, and trying to correct the motor incentives of "man's" inhumanity to man, that makes countless millions mourn. When indiscreet customs and dire practices invest and weaken the citadel of developmental germ-life; when withering violence indiscriminately treads the tender blade, or blasts the defenceless life principle, "the survival of the fittest" becomes a hypothesis no longer tenable. Fœtal fitness is of no consideration in uterine physical incapacity, nor is it of any consequence in modifying the effects of destructive agents. The irresistible tornado prostrates alike the strong oak and the slender vine. Who is not familiarly impressed with the observation of these facts presented constantly in the physical world? The rate of infant mortality, so unmistakably shown by statistics, is astounding. The medical student and observing practitioner have great reason to believe there is in the unwritten history of intra-uterine revelation a fœtal death-rate ten times more appalling.

Physiological scrutiny has greatly enlarged our knowledge of the processes of ovulation and fœtation, thus narrowing the field of superstition and speculation, and widening that of pathological research. Pathology detects abnormal conditions which are incompatible with healthly fecundation and successful gestation, thus contributing to the glorious conquests of gynecological medicine. Gynecologists, studying the innumerable causes and terrible sequences of uterine affections, venture to remedy individual cases, but despair of removing the hydra-headed evil politic, for it incubates in the wierd conformations of society, is nestled in the meshy caprices of fashion, is veneered with the gauze of a philanthropy, and it dares to dally with the juridical ermine, without material interference.

However cognizable may be these deductions and conditions, in the absence of statistical tables (which never have been, and never will be, written) showing the extent and the injurious results of abortion, we are compelled to study the subject more in detail. For opinion and experience we cannot do better than quote our authorities, whose evidence, though not statistical, would be legally accepted as conclusive, and will be medical orthodoxy until some time in the dim future, when negatives and affirmatives become synonymous terms. "Abortion, even under vigorous treatment, at a very early period of gestation, does sometimes prove fatal very speedily. I know of one instance, and have heard of more, which proved fatal so early as the end of the second month. If frequently repeated, abortions are apt to injure the health and break up the constitution."—John Burns, M.D., F.R.S., work on midwifery. "Abortion is one of the most prolific causes of uterine disease in after life. The number of fœtal lives lost by abortion is enormous."—Playfair. Dr. White, President of the Academy of Medicine, Cincinnati, Ohio, mentions among the terrors of abortion, that "in the mother there may be laid the foundation of life-long disease, and in many instances her own life has been sacrificed." "The immense number of instances wherein pregnancy terminates prematurely, attended often with disastrous consequences to the mother, invests the subject of abortion with an importance which few others possess, rendering its causes and phenomena deserving the strictest investigation."—Jas. Whitehead, F.R.C.S., work on Abortion and Sterility, page 10. One of our best writers on midwifery, Meigs, but repeats that which is universally taught by obstetrical teachers, and is most familiarly understood and reiterated by medical students and practitioners, when he affirms that "a woman who has suffered one abortion is more liable to a similar accident in subsequent pregnancies than she who has not suffered in this way." T. G. Thomas, M.D., charges induced abortion as "a great cause of uterine disease."

"If we trace with care the history of a large percentage of the pauper female patients in the hospitals, work-houses and county institutions, we will be astounded at the numbers whose health was first broken by abortion. In my own practice I have been enabled to directly trace a large per cent. of uterine troubles to abortion. In private life, both in the married and the unmarried, do we, when the truth is discernible, discover abortion as a proximate or remote cause engendering their present conditions of disease and incapacity."—(Montrose Pallen, Professor of Gynecology in the University of the City of New York, in his prize essay entitled, "Why Not?" awarded by the American Medical Association.) Storer, in speaking of the inherent dangers of abortion to a woman's life and health, declares that "a larger proportion of women die during or in consequence of abortion, than during or in consequence of childbed at full term of pregnancy;" and that "a very much larger proportion of women become confirmed invalids, perhaps, for life." Other high testimony might be introduced almost ad infinitum, but this should be amply sufficient.

No one ever questions the ominous character of irregularities and arrestations of natural ovulation. Then it is unreasonable to suppose that disappointment in nature's advanced efforts at fecundation and gestation can possibly presage less evil. Indeed, the careful observer must notice that both the specific causes and the specific effects of the latter are greatly multiplied over those of the former. In specific causes I include with the affections potentially known to directly vitiate the gestative act (such as venereal or other local and constitutional diseases) all violent means, whether accidental or willful, which may produce artificial or forced abortion. The idea does not, to me, seem reasonable, that induced abortion would be less dangerous, and attended with fewer subsequent evils than natural abortion, notwithstanding the wild assertions of some, of the perfect safety and harmlessness of the former when conducted according to medical art! Thus the entailed physical evils of abortion impress us as being of such importance as to demand serious consideration, and we venture to briefly mention, generically, some of them, *ad inquirendum.*

The relation of cause and effect existing between abortion and uterine affections, inflammation, displacement, etc., also constitutional debility and nervous diseases, is well known and understood. If local or constitutional infirmities contribute to the process of fœtal destruction and abortion, so do abortion effects increase existing troubles, and engender new ones.

With this notice, en passant, of the natural and artificial modes, as alike forerunners of evils which are pronounced in the same category of diseased action, the following will serve the better to indicate more specifically the character of post-abortion ailments.

Of 1600 patients (dispensary) treated by F. A. Ashford, M. D., Columbia Hospital, (Report, 1873, page 253) "but two cases of acute metritis have been treated, . . . and both were the results of attempts to produce abortion by the use of instruments;" and "a uterus," says the author, "which has been the seat of any inflammatory action is exceedingly susceptible to a recurrence . . . upon the slightest provocation." In summing up the etiology, the surgeon-in-chief of Columbia Hospital mentions abortion as a principal cause of metritis and endo-metritis; and Dr. E. Nœggareth, in a paper published in the *American Journal of Obstetrics* (Vol II, page 505), relates a number of cases where he had amputated the cervix uteri for cancerous diseases supervening upon chronic metritis.

Paul, of Ægina, asserts that the uterus becomes scirrhous most frequently following inflammations. In speaking of carcinoma, J. H. Thompson believes abortion, when often repeated, to be one of the principal causes. "Astrin claims that a large majority of cases of carcinoma-uteri are the results of abortion." Récamiér, Lisfranc, Ashwell, Montgomery and others add their testimony to the same belief.

Horatio Robinson Storer, now of Newport, R. I., in his prize essay, declares that "the tendency to serious and fatal organic diseases arising from abortion, as cancer, is rendered much greater at the so-called turn-of-life," and also, that cases of insanity resulting from abortion "are not uncommon." These are strong and conclusive evidences of the widespread prevalence of pre-natal destruction, of the immediate serious and fatal consequences attending abortion, and of the long catalogue of physical ailments acquired therefrom, making countless numbers of women miserable and helpless.

But what of the inherited injuries inflicted upon and transmitted to the unborn babes and future generations, expressed in nosological terms, feeble, lame, distorted, maimed, blind, deaf and dumb, idiotic, and so on to the end of medical classification? Do not thousands of these fearful witnesses of man's strife with his Maker appear upon life's pathway, perchance clothed in silk and fine raiment, but generally clad in rags, on the highway, or mobilized into the prisons, hospitals and workhouses, burdening with taxes the people of every nation? Upon this subject we cannot do better than quote Storer in extenso. In speaking of unsuccessful criminal efforts to dislodge the fœtus, he says, "Fractures of the fœtal limbs prior to birth are often reported, unattributable in any way to the funis (cord), which may amputate, indeed, but seldom break a limb. A fall or a blow is recollected; perhaps it was accidental, perhaps not, for resort to these for criminal purposes is very common. In precisely the same manner may injury be occasioned to the nervous system of the fœtus, as in a hydrocephalic case long under the writer's own observation, where the cause and effect were plainly evident. Intra-uterine convulsions have been reported as induced by external violence; they are probably not uncommon, and the diseases thus begun may eventuate in epilepsy, paralysis, or idiocy. Not only is the fœtus endangered by the attempt at abortion, and the mother's health, but the stamp of disease thus impressed is very apt to be perceived upon any children she may subsequently bear." In another place he says, "Not only do women become sterile in consequence of a miscarriage, and then, longing for offspring, find themselves permanently incapacitated for conception, but, in other cases, impregnation, or rather the attachment of the ovum to the uterus being but imperfectly effected, or the mother's system being so insidiously undermined, the children that are subsequently brought forth are unhealthy, deformed or diseased. The matter of conception and gestation after a miscarriage has of late been made a subject of special study, and there is little doubt that from this, as the primal origin, arises much of the nervous, mental and organic derangements and deficiency that, occurring in children, cuts short or embitters their lives." If such be the physical entailments of abortion, what must be the consequent mental woes and social bereavements. Let the victims, in their contemplations of self-guilt, in their reflections upon the wickedness and culpability of some parents, stricken with disappointment and sorrow, let these speak the answer, for the land is full of them, and grief, unheeded, sheds her tears over new-made graves, while the swelling tide ever increases in force and velocity.

What of the involvement of moral principles? To physiological ignorance belongs a great part of the spiritual blindness that contributes to the existence and perpetuity of these social and criminal evils. Habits and fashion, as well as exposure and dissipation, with wrong views or the life principle and its origin, are alike predisposing causes which lead to the same end, fœtal destruction.

Rev. Joseph Cook, after defining life to be the "coördinating power behind the movements of germinal matter," says "Life begins the very moment anything is structured; you crush a germinant acorn, you kill an oak;" and craves audience to the doctrines of the Romish confessional, rather than to the support "of fashionable murder in some fashionable circles of society."

What of national integrity? Historians attribute the downfall of nations to vice, licentiousness and crime, and statisticians and medical writers point to the evils of which we have spoken as primary agents in the general ruin. Individual quality more than political numbers makes a nation strong, and no government can afford to lose interest in the nature and source of her supplies, or encourage or permit poisonous elements in its moral and political police. In the foregoing is written much of the story of the disappearing of the North American Indian; and now, from the same cause, is plainly visible the rapid decay of the colored race of the South.

Why this depravity? this bereavement? this waste of life? Sanitarians in vain point to the insidious effects of fashion in dress, and in customs, to obscene literature, and to dangerous and deceptive teachings and advertisements of charlatans; to sedentary habits and vicious living.

The song of the philanthropist is burdened with pity for poverty, and with holy lamentations over human depravity. In the midst of all, heedless of facts, and blind to our own turpitude, moralists too often, with uplifted hands and voices, sacrilegiously exclaim, "Thy will be done!" The jurist, ofttimes forgetting that society and government are, to a great extent, responsible for the conditions and influences that shape individual character, only discerns *crime*, and for its remedy, hurls anathemas and dire punishment upon unfortunate malefactors.

Nor are medical men ignorant of the magnitude of criminal practices. Dr. White says, "The murder of unborn infants is the great crime of this age. Physicians stand aghast at the knowledge of its extent, and deplore their want of power to arrest it." Professor Thomas, in his work on "Diseases of Women," after characterizing induced abortion as a national crime, declares that this crime is so frequent as to constitute, in all classes of society, for it is limited to no one, a great cause for uterine disease. Professor Montrose Pallen stigmatizes the United States as "bearing off the disgraceful prize of having a national crime of abortion."

Against the crime of fœticide, the American Medical Association, composed of the highest medical representatives of the profession, has emphatically pronounced, and in the name of Storer, the prize essayist, has offered to the public and the profession her pronunciamento. This should be read by all practitioners, and the subject held up constantly before us, lest our sympathies with friends or the unfortunate might lead some into unprofessional errors before they had considered the question properly. Much, too, is and should be expected of the seniors in the profession, in advice, counsel, and example worthy the emulation of their juniors, and in personal influence to preserve the art from the least soil of prostitution.

Professionally we have nothing to do with Malthusianism, and practically we are all enemies of the human race, measured by the Darwinian standard, for we are to administer to, and labor mostly for, those who are weak, and so, in his theory, unworthy to exist. Nevertheless, this is our proudest prerogative.

THE NATURE, ORIGIN AND PROGRESS OF DISEASE IN THE HUMAN BODY.

BY J. B. GRAVES, M. D.,

Of Corning, N. Y.

The manner in which we propose to investigate this subject will make it necessary for us to consider the composition of the body itself. The body is composed of atoms, and these atoms are arranged according to fixed and established laws, laws that cannot be changed. They can no more be changed than the Almighty who established them can change. These laws are: First, the law of origin. Second, the law of growth or development. Third, the law of waste and repair.

The different parts of the human body are formed by some combination of atoms. The manner in which these atoms are combined determines the nature of the formation. The combination of atoms forms molecules, and molecules combined, form cells; the cells thus formed are proliferated into tissue. A certain arrangement of these tissues forms an organ, and a certain arrangement of these organs thus formed constitute the human body.

There are three different states of matter known to us, namely, solid, fluid, and gaseous. We find matter in these different states in the human body. This may be called the molecular condition of the body. Before proceeding with our inquiry, we must understand what is meant by atom, molecule, and cell. We do not use the terms atom and molecule as synonyms in this discussion. An atom is a unit. It is indivisible matter, whether solid, fluid or gaseous. By molecule we mean some combination of atoms. To illustrate our position we will take alcohol. Alcohol is a compound made up of atoms of carbon, hydrogen and oxygen, in certain proportions. Twenty-four atoms of carbon, six of hydrogen, and sixteen of oxygen. When thus united they make alcohol. No other combination of these atoms will produce alcohol.

Another illustration. Water is a compound substance, made up of hydrogen and oxygen in certain proportions. Two of hydrogen, and sixteen of oxygen. The magnitude which we call a molecule of water consists of two magnitudes, which we call atoms of hydrogen and oxygen. The relations in which atoms stand to each other are far reaching and intricate, and cannot be accidental. The elementary atoms of which the body is composed have a certain number of bonds by which they are united. And by these alone can they be united, for a specific purpose. The manner in which the atoms are grouped together in the molecule is important for us to understand in the prosecution of our inquiries on the subject. Every molecule is a unit in which all the atoms are joined together by their several bonds; and it becomes an object of great interest to investigate and determine the exact manner in which the molecular structure is built up. To understand the diseases of the body we must study the structure; and in order to study its structure, we must understand the structure of its molecules, as well as the atoms of which the molecule is composed. Certain atoms are united according to fixed and established laws, and when thus united, they make a molecule, as in the formation of alcohol or water. Molecules thus formed, when combined in a certain manner, according to these laws, form what is called a cell. We are now speaking of normal action. The nature of the cell is determined by its composition. The cell thus formed is proliferated into tissue, and it is by this process that the different organs of the body are built up.

Now, when we come to consider what constitutes disease of the body thus formed, we are led at once to the conclusion that there must be some disturbing force, that has changed the operation of these laws. This, then, brings us to the definition of disease, and we shall not define by enumerating symptoms. But we will define disease of the human body, at all times and under all circumstances, to consist in atoms out of place.

The atoms of which the body is composed cannot be changed in their nature. They are the same in substance and in nature at all times and under all circumstances. Yet an atom out of place must break down and destroy the molecule. Take a molecule of alcohol and abstract an atom of oxygen therefrom, and you will no longer have alcohol. An atom is out of place, and that destroys the molecule. The change of a molecule of a cell must result in a change of the nature of the cell, and the cell thus changed cannot be proliferated into normal tissue. Its very nature is changed; yet the laws by which it was formed are not changed. The atom is the same, and the laws that govern atoms are the same.

There is another law that steps in here and controls. It is the law of waste, or, perhaps, of decadence, I should say. The moment a molecule is changed it produces a change in the cell of which it is a part, and that cell may form degenerated tissue, a cancer, if you please. must continue to degenerate until it is resolved into its original atoms; and they are indivisible and indestructible. The atoms of which the molecule is composed, and the molecules of which the cell is composed, are not thrown together promiscuously, but are united by certain bonds, and the microscope reveals the fact that the atoms of which the molecule is composed are continually in motion, in every conceivable direction and manner. Now, there is some force that operates to produce this motion or action. The life of the molecule must be determined by the motion of the atoms of which it is composed. The life of the cell must be determined by the character of the molecules of which it is composed. A change of an atom must change the character of the molecule, and a change of a molecule must change the character of the cell; and when the cell is changed thus, you have an abnormal state or condition of the part, and that is what constitutes disease of the organism. This must in all cases, at first, be local. It must commence in the molecule. Some disturbing force changes the atom of the molecule. Or, some disturbing force disturbs the molecule of which the cell is composed, and it cannot now be proliferated into normal tissue. The changes that are produced in the system are isomeric. These changes do not produce germs. There is such a thing as a diseased germ. The change of a single atom of a germ would produce a diseased germ; but that diseased germ could not produce a normal germ or tissue. A kernel of rye is a germ, and when it is placed in a proper position, and surrounded by proper influences, will reproduce itself. Yet an isomeric change will make it produce ergot, and the ergot will not reproduce itself, nor will it produce the rye. It is an entirely different substance from the original from which it sprang.

Let me illustrate this subject by a reference to the cow pox and small-pox. These diseases change the system, so that the virus of small-pox will produce no effect upon the organism. The change is isomeric. There is no change of the atoms of the molecule. There is no change of the molecule of the cell. The body grows and changes as before. The offspring of parents who have been vaccinated, or who have had the small-pox, are not protected thereby from small-pox. They must be vaccinated to be protected. The peculiar state of the organism produced by the cow-pox, or by small-pox, is not transmissible to posterity.

The germ that produces the new being does not partake of the change that has been produced in the organism of the parents by either of the above named diseases. And let me ask here, how is it possible that any disease can be transmitted by natural generation? The laws by which the body is built up are hid from our vision. Certain things with regard to them we can understand: the formation of cells and the proliferation of cells into tissue; also the perversion of a cell by a disturbing force, so that it shall form an abnormal tissue. These facts lead us, in our inquiries, at once to consider the constitution of matter. Here we find a principle of energy and motion. We also find a differentiation and harmony. "This principle, whatever it may be, is called spirit. Spirit, then, is not substance, but it is the law of substance; it is not force, but it is the revealer of force; it is not life, but it makes life exist; it is not thought, but it is the consciousness of thought" (Maudsley. Virchow). Carpenter says "Spirit is the sole and single source of power." Spirit, then, is not a property of matter, but matter is a property of spirit. The materialists stop short at atoms, and localize those properties for which atoms supply no cause.

The source of differentiation, harmony and force, cannot be in energy itself. It must be in a principle apart from that energy. In our investigation of the origin of disease in the human body, we must keep in view the above principles. There have been volumes written to prove that certain diseases are transmitted by parents to their posterity. This doctrine we do not believe. It has never been established by proof, and if our views are correct it never will be established. Let us consider the ovum for a few moments, with the above principles before us. The ovum is a cell of peculiar construction, in accordance with fixed and established laws of the human organism. This cell is composed of molecules, and these molecules are composed of atoms. In this cell there is harmony, motion and differentiation. The action that is here set up, if undisturbed, will develop the new being. A disturbing force prevents the development of the new being, and would prevent the formation of the nucleus of the new organism. The law of reproduction and of decadence cannot act in harmony with the same atom. All the atoms of the ovum are necessary to the development of the nucleus and the new being. A mixture of normal and abnormal molecules cannot form a normal cell. The ovum commences by the union of two or more atoms. This union is according to established laws. The atoms are indivisible and indestructible. This union makes a molecule, and the union of molecules makes the cell. Now, take twenty-four atoms of carbon, and six of hydrogen, and fifteen of oxygen, and one of nitrogen, and unite them, and you will not have alcohol. The nitrogen is a disturbing force, and will prevent the formation of alcohol. So the virus of small-pox or syphilis, or of any contagious disease, must be something, it must be more than an atom. It must be some union of two or more atoms of different substances. However it is constructed, it is, in its nature, a disturbing force, and must prevent the union and action of molecules in the formation of the ovum. After the nucleus is formed, and the new organism is developed so as to receive pabulum from without, a disturbing force may be introduced, and a certain portion or part of the new organism may be destroyed or changed.

Disease may thus be set up and run rampant, riot and feed upon the new formation, until it finally destroys it. There are now a multitude of cells to destroy; at the commencement there was but a single cell. Strictly speaking, then, there is no such thing as functional disease. All disease must begin by some atomic change. Functional derangement is only a symptom of disease. The changes that produce what we call disease are isomeric. 1. According to the views presented in this paper, the popular doctrine of germinal origin of disease is not well founded. 2. All diseases of the human body are organic. 3. Disease is not, and cannot be, propagated by natural generation. There is, unquestionably, a peculiarity of organism transmitted from parent to child, that predisposes to certain diseases. This is very different from propagating disease itself. 4. Much of the present manner of administering to remove disease is worse than doing nothing.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL, MARCH, 1878.

CLINIC OF DR. LAURENCE TURNBULL.

REPORTED BY CHAS. H. WEIKEL, M. D.

Congenital and Acquired Defects of the External Ear.

GENTLEMEN: I have the pleasure of bringing before you some interesting and instructive cases of congenital and acquired defects of the human ear, a knowledge of which may be useful when you enter into active practice.

The first case is one in which there is not an entire absence of the auricle or external ear, but it is a rudimentary state. The little patient is only nineteen months old; otherwise a fine, large child of this age; general health good. The child was born of healthy parents, in Allegheny city, Pa.; the presumed cause given was that the mother, during her pregnancy, was frightened by a dog. I will pass around a photograph, so that each member of the class can examine it. It will be noticed that there are but three rudimentary portions of the auricle, the two upper being projections of cartilage and the lower one having a curved appearance. There is no lobule, and in the space where the concha and meatus are usually found is a plane surface covered with skin, the auditory canal being wanting. In the picture there seems to be a depression in the locality where the meatus should be; this is the cicatrix after an attempt to open the tube; a circular piece was cut out, but the space was persistently filled up. The tragus is entirely wanting, therefore there was no guide to the operation, although the physician, a very intelligent one, who sent the case, thought he could feel the cartilage which formed it, but I was not able to do so. On testing the child's hearing for that (the right) ear, it was noticed that when the watch, a very loud ticker, was placed near to but not touching the ear, his eye brightened and he looked as if he heard; the same result was noticed with the tuning fork, even when the face was turned from it.

When you examine little children for hearing, before they are able to talk, you can never arrive at a positive conclusion in regard to it; you will have to rest satisfied with an approximation; and this was all I could do in this case. It is sometimes one of the most painful duties which the physician has to perform, to decide and state the fact that a child is absolutely deaf; the parents and friends of such children often deceive themselves with the idea that the child hears, when loud noises of various kinds are noticed by the child, which is usually the result of simple concussion and vibration of the air or floor. When testing such cases the eyes of the child on which the experiment is made should be turned from the cause of such noises. To be absolutely sure, it is well to test the hearing in the dark, but by no means allow the child to see the watch, tuning fork, etc.

The prognosis in this case was, therefore, very guarded, the only favorable feature being the hearing on the right side, when the opposite ear was carefully closed.

Prof. Wm. H. Pancoast was invited to examine the case with me, and his opinion was, as there was no risk of an operation, and a prospect of benefit, that we would be justified in a second operation, especially as the parents of the child were very desirous that an attempt should be made. The mode of operation first decided upon was cutting on a line with what would have been the depressed or wanting tragus, but the second incision was on a line forming the inner border of the antitragus, cutting one-third of an inch in depth, as far as what is known as the cartilaginous portion of the auditory canal, and allowing for the skin and tissue which covered it.

June 2d. Dr. Allis administered the anæsthetic (ether), and three minutes elapsed before the little patient was fully under its influence. Drs. Young and Darlington, with the father of the child, were present as spectators. After the removal of a curve-shaped piece of skin, connective tissue, etc., the probe was introduced and sunk into a depression of half an inch, but no cartilage or bony meatus was found; this opening was then filled with patent lint saturated with carbolized olive oil, and every means taken, for thirteen days, to keep the parts open.

June 15th. The parts being healed and filled up, the little patient was again placed under the influence of the anæsthetic, the parts freely opened, and, at the suggestion of Dr.

Allis, a wooden plug was made to fit the opening. A letter was then directed to the physician who sent the child, to try to keep the parts open. This was conscientiously performed, but, with all his care, the parts filled up, leaving but a depressed cicatrix.

Now, what is to be learned from the history and the operations in this case? First, it is proved that there was no cartilaginous portion beneath the skin forming the auditory canal, and that in such cases, where there is an entire obliteration of the meatus externus, there has been found, by careful dissection, an absence of that portion of the temporal bone which forms the tympanic ring and the lower side of the bony canal of the meatus, and the extension backward of the articular and true glenoid portion of the temporal bone is twice its natural breadth.

The next case I show you is not so striking a departure from the normal form, but is a cutaneous closure of the external meatus, and with such there is sometimes a contraction of the osseous walls, which may be relieved by opening the canal with the knife, and subsequent dilatation by oiled lint, compressed sponge, or bougies of laminaria; in this way we have restored the hearing of more than one patient. The parts, however, are so apt to contract that it may be, and sometimes is, necessary to fill up the auditory canal with a gold or nickel-plated funnel-shaped tube until the parts heal. On examining the left ear, in this case, we find that where the auditory canal should be, the place is covered by a smooth skin; every other part of the ear, although smaller, is almost perfect, and her hearing is almost the same (good) in both ears. Her mother states that the cause of the deformity was owing to a child having slept with her, and having placed its foot on her (the mother's) ear, she was suddenly aroused from her sleep by the strange feeling, and supposed it to be a rat.

Another class of cases is where there is narrowing or closure of the external auditory meatus, either congenital or acquired, by tying cap-strings or ribbons behind the ears. A case of this kind, which I now bring before you, is an old Irish lady, where there is nothing but a slit, caused by the constant pressure of cap-strings passed behind her ears and tightly tied under her chin, a form of contraction of the cartilaginous meatus where all the secretions are retained, and produce deafness and chronic eczema of the meatus, with an accumulation of cerumen, epithelium, etc. This class of cases requires repeated and careful syringing, to keep the ear clean, thorough drying of the parts, and sometimes a quill or metallic tube, to keep the walls of the meatus from collapsing.

We have still another variety, in which the canal becomes more or less obstructed by exostoses or bony growths, and this, from retained secretion or by pressure, causes deafness and serious trouble also. These growths are sometimes removed by means of a perforator or hand-drill; the continuous galvanic current has also been applied after the removal of any skin covering them; two or three needles may be used, and perhaps passed into the bony mass, after first drilling with a hand-drill. The application of the current may be made under the influence of ether, to be repeated from three to five minutes, for a succession of days, until the bone is separated. Stöhrer's battery is usually employed, the number of cups brought into the circuit being from ten to thirty. It usually requires two weeks of treatment. Where there is simply uniform closure of the bony meatus, without distinct rounded masses, or osteophytes, it has recently been suggested, and in one case employed with success, to remove them by means of the dentist's drill. A very beautiful instrument of this kind has been devised and employed by my friend, Professor Garretson, of this city, and figured in a recent number of the *Medical Times*. Care, prudence, and cautious haste, however, are important in employing such violent measures for the relief of these congenital and acquired closures, as inflammation is almost sure to follow, and in one case such a result was induced, and with it facial paralysis of that side.

There are two diseases in which contraction of the cartilaginous and osseous meatus occurs: the first is during and after chronic otorrhœa; the second disease in which it occurs, although more rarely, is non-suppurative inflammation of the middle ear, and is in both cases the result of inflammatory action accompanied by hypertrophic formations of tissue, or bone, or both, and occurs as well throughout the whole petrous portion of the temporal bone. This form of closure is termed hyperostosis. Aldinger narrates (*Archiv für Ohrenheilkunde*, vol. xi., No. 2, 1877) a case of exostoses in both meatus, cause not known, except from tympanic inflammation. Gout and syphilis are considered by most authors to be the causes of these exostoses. I have reported cases in my "Manual of Diseases of the Ear," where, in one, there were three enlargements of the bone projecting into and almost completely closing the meatus, which was improved by treatment with the solid nitrate of silver, etc. Another case was operated upon by narrow chisels applied directly to the base of the exostosis, with previous incision of the skin, and it required strong blows with a wooden hammer to remove them. The case did well after the acute inflammation had subsided and the granulations had been reduced. The patient was left with a good sized meatus, and fair hearing, after protracted local treatment.

Two other forms of ear disease I now show you, one of which is termed desquamative inflammation of the auditory canal, and the other impacted cerumen.

Now and then you will notice that in certain cases you may acquire, quite suddenly, a reputation for relieving deafness, by simply syringing the ear and removing a mass of impacted cerumen. This form of deafness results from an accumulation of cerumen, the cause of which comes from the habit of passing the end of a towel, brush, or "aurilave" into the external auditory canal in washing the ear, and so gradually pressing the cerumen into a compact mass, which fills up the canal. The canal may be full in its upper part and the patient able to hear well, but suddenly there comes a very hot day and sweat runs into the meatus, or the patient takes a hot or a sea bath, or somehow water gains an entrance alongside of and soaks the mass, and gradually or suddenly the cerumen swells and falls into and presses upon the membrana tympani. This pressure on the membrane, besides causing deafness, extends through the ossicles to the stapes and oval window, and causes tinnitus and buzzing noises, pain, giddiness, confusion of ideas, with a feeling of weight and pressure in the labyrinth from the endolymph being compressed, and its reacting upon the auditory nerve. If this pressure is relieved by removing the mass by syringing or by other means, as if by magic, relief is afforded, and the patient is full of gratitude; and if this mass has not remained long enough to produce a permanent change, as in chronic cases, the membrane assumes its natural curvature, no longer remaining depressed, and the ear regains its healthy condition. If this should happen in more than one case in succession, the medical man is of the opinion that all cases of deafness are to be relieved in a similar manner, and both he and his patient are convinced that he has acquired the secret of curing a most troublesome malady, the patient often acts as a disciple of the doctor, and will go about informing every deaf person he meets of the wonderful success of his physician; and then there comes another class of cases, which is termed chronic. These cases may have visited every aural surgeon for relief, or perhaps the patient comes for the first time; the physician examines his new case and finds what looks very much like the old trouble; he goes to work and carefully removes what seems to him a mass of cerumen, but after numerous syringings he no longer removes a plug of dark brown cerumen, but only a mass of large flakes of what the older writers called epidermis, and what is now known to be more properly epithelium. This epithelium or pavement-like covering of the skin of the ear, in most healthy individuals, is removed by a natural process, just as it passes off from the skin of the rest of the body when friction is employed, and can be seen, as when in the sunlight we rub the surface of the skin, and these flakes float in the air. If, however, moisture from any source finds its way into the ear, they no longer pass out, but become massed together with particles of cerumen, and even form tumors (cholesteatomata) which may perforate the membrana tympani, as in one of the cases I am about to show you.

Colonel O., aged 50; general health good; most of his family have suffered from gout. His ears have been giving him some uneasiness, and he is troubled with deafness; once in a few months there would form and escape a complete globe-like cast of the auditory canal, now and then tinged brown with cerumen, or red with blood. While the mass was becoming loose he suffered from distressing noises and pain, but after its removal by syringing, and the subsequent use of astringent and alterant washes, he would be free for several months. His hearing is more or less impaired. This is an example of the ordinary mild form of this disease.

Case 2.—Thomas M., aged 32, by occupation a collector, resides in Philadelphia; both father and mother are living and not deaf; their general health is good. The patient suffers from deafness and distress in both ears; the disease commenced first in the left ear, and subsequently attacked the right, and this has caused him to apply, for fear of losing the hearing in that ear. He knows of no cause, except that he has been told he was scrofulous, or that he is frequently exposed to the weather by reason of his out-door occupation. He has at times intense itching in the external auditory canal, with a constant humming noise and throbbing, with pain, and a confused feeling in the head, and now and then a chill following these irritable attacks; occasionally there is a small amount of discharge. He has had no treatment. The disease has been of three years' duration in the left ear and some six months in the right. There is more or less seborrhœa of the scalp, with slight eczema of the eyebrows and skin. On inspecting the auditory canals they were found to be filled with a dirty-white and brownish mass of scales of epithelium, etc., a portion of which was removed with the curette and forceps, which, on microscopic examination, was found to consist of scales of epidermis, cerumen and cholesterine crystals. There is also a peculiar fetid odor noticeable about the left ear. His hearing in the right ear was seven feet, with a watch heard at twenty-five feet, or about one-third the normal distance, while in the left ear the hearing was reduced to twenty inches. When the material was removed by careful syringing, after having previously softened the mass with a solution of bicarbonate of soda, glycerine and warm water, there was found an irritable red meatus, and in the left ear the same, with a perforation of the membrana tympani, surrounded by granulations springing from the walls of the canal and passing into the middle ear. This is to be treated by careful syringing and the use of astringent and stimulating washes and a mild ointment to protect the skin of the meatus from the irritation of both moist and dried discharge.

NEW YORK WOMAN'S HOSPITAL.

SERVICE OF DR. T. ADDIS EMMET, APRIL 2D, 1878.

Congenital Absence of Vagina—Operation.

Dr. Emmet presented a married lady, aged twenty, upon whom he had operated three weeks previously. The history of the case was as follows:—The patient presented evidence of being in ordinary health, but on examining her, although the vulva was found to be normal, there was no vagina. When the finger was carried into the rectum, a small body could be discovered, anteriorly, and about five inches from the anus. No ovaries could be made out. The patient was then anæsthetized, and an incision made midway between the anus and urethra. The vesico-rectal septum was quite thin, and much care was requisite in avoiding the rectum on the one hand, and the bladder on the other. As the separation of the tissues was carried on, the only guides were the finger in the rectum, and the sound in the bladder. The artificial vagina was extended up for five inches, but no sign of uterus could be made out, nor, indeed, could the body be discovered which formerly was recognized by the rectal examination. After the operation, a glass plug was inserted in the opening, and retained in position by an appropriate bandage. This plug was of the ordinary variety, resembling a very large test tube, with a depression to accommodate the urethra. The plug measured five inches in length by two in diameter. Since the operation, the case has progressed satisfactorily. The plug had not been removed, and, on looking into it, cicatrization was found to have extended down for a couple of inches. Suppuration was noticed over an area of an inch. Dr. Emmet said that he regretted that he had not performed the operation under the antiseptic spray, as there then would have been a possibility of no suppuration. He said, in looking over the literature of the subject, that Fletcher, in England, over forty years ago, had recorded a case, in which he had formed a vagina. The method practiced was to make an external incision, and then, by means of a mallet, drive a bougie between the rectum and the vagina; this operation extended over a period of eight days, and resulted successfully. In the case recorded, coition had taken place previous to the operation, by means of the urethra. Neither the husband nor wife were aware of the proper condition of affairs before the examination. Dr. Emmet had seen similar cases. There was no incontinence, for the reason that the tissues of the urethra and neck of the bladder folded together, and prevented the escape of fluid. Subsequently, Amussat described an operation for forming a vagina. It consisted in making a small, deep incision, and then introducing a sponge tent, a succession of incisions, with sponge tents; resulted in a vagina.

Dr. Emmet had found that after the vagina had been formed, frequently the uterus, which previously could not be made out, developed, and menstruation took place. When menstruation did take place, contraction of the vagina ceased.

In cases of atresia of the vagina with imprisoned menstrual blood, it was important to make a free opening and then thoroughly wash out the uterus with hot water. The former method of practice was to make a small opening. The precaution defeated its purpose, because septicæmia, which was thought to be guarded against, resulted, and the only common sense procedure was to remove the cause of the septicæmia.

Epithelioma of Cervix. Removal by Galvano-Cautery and by Excision.

Two interesting cases were shown, in which a different method of treatment was pursued. The first case was an epithelioma, which extended up and invaded the cavity of the uterus. The galvano-cautery was used, but did not prove satisfactory, for the reason that the battery was not sufficient to furnish a current powerful enough to keep the platinum wire hot.

The second case was one in which the epithelioma involved the cervix, but did not extend to the body of the uterus.

Dr. Emmet said that in cases where the epithelioma involved only the cervix, he was in the habit of performing the operation of Dr. Marion Sims. The advantages were that the disease did not so readily return; and moreover, there was no ulcerated surface left exposed.

The woman was placed in the ordinary semi-prone position, and Sims' speculum introduced. A large mass, closely resembling an inverted uterus or polypus, was found to depend from the anterior and posterior lips of the cervix. This was cut away with the scissors till the healthy uterine tissue was reached. The vagina was then slid over the cut surface of the cervix, and secured in position by wire sutures. The operation closely resembled an ordinary circular amputation. When the vagina was secured in position, the canal of the cervix was not closed. After the operation was finished, the parts had the appearance of an amputated cervix in which the cut surfaces were brought together.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Tracheotomy in Croup.

At a conversational meeting held at the Hall of the College of Physicians, Dr. John H. Packard made some remarks on Tracheotomy in Croup, which excited some discussion.

Dr. Thos. M. Drysdale remarked that the thanks of the Society were due to Dr. Packard for his able and interesting paper, and for bringing up such an important topic for discussion. The subject had been before us several times during the winter, and the operation had been highly praised, not only for the relief it afforded the sufferers, but that in many cases it snatched them from certain death by suffocation. He thought that one point had been overlooked, *the condition of the patient at the time of the operation*, or at least, this had not been dwelt upon sufficiently to give us an idea of the extreme agony and imminent risk to life of these patients before the operation is thought of by the physician or submitted to by the parents.

He regretted that he could not bring before the Society the little patients, now living, upon whom he had operated; but as this was impossible, he asked permission to read short notes of cases in which the operation had been performed. He selected nine of these, each of which was apparently beyond the reach of medicine, and of these desperate cases he had been able to save three of the nine.

Case 1.—Nov. 22d, 1856, Dr. A. McWhinney called on him to operate on a child, three years of age, who had been laboring under membranous croup for five days, and was "dying from asphyxia." He found the child with a feeble, irregular pulse, gasping for breath; surface damp and cool; face a bluish-white color; dark circles around the eyes; lips livid. The child was so exhausted that, had it not been for the urgent solicitation of the physician and father, he would have declined operating. An unfavorable prognosis was given, and the operation proceeded with, but the greatest care was necessary in order to avoid cutting the veins, which were so congested as to completely cover the trachea; yet the utmost precaution could not prevent him wounding two veins, which bled profusely and impeded progress until they were ligated. The trachea was finally reached and the tube introduced, when a plug of false membrane and mucus was forced into the canula. This was at once removed, but the child, after making faint efforts at inspiration, expired, apparently from exhaustion. Artificial respiration was used, but without avail.

Case 2.—Sophia B., aged four years and four months, was sick one week, with pseudo-membranous laryngitis, under the care of another physician. He was called to see her at night, March 17th, 1863, and found her struggling for breath, with blue lips, and a cyanosed appearance of the whole surface. He recommended the operation, but the parents would not consent. Emetics, etc., were used, but without benefit. The attacks of suffocation became so violent that they sent for him in haste early the next morning. He found the child in such extreme danger that he operated with but one assistant, his brother, a clergyman. The child did well, breathed easily, was quite comfortable, and played with her toys. On the evening of the second day, while on her nurse's lap, she was seized with convulsions, and died before he reached the house. No autopsy was permitted.

Case 3.—February 24th, 1865. Annie W. S., aged 5 years, suffered from membranous croup for several days. Suffocation became imminent, and tracheotomy was recommended, but not accepted by the parents until the last moment. Assisted by Dr. A. H. Fish, the operation was performed, to the great relief of the child, who fell asleep before the dressing was completed. Dr. D. was too ill to see her the next day, but Dr. Fish attended her and stated that her pulse slowly failed, and, in spite of the remedies used, she died the next evening, from exhaustion, or septicæmia.

Case 4.—Dr. A. H. Fish sent for him in haste, to operate on a boy about three years old, the son of Mr. W., who had been suffering from membranous croup for a week; had expelled considerable portions of the membrane, and was supposed to be doing well until the afternoon of his visit, when the dyspnœa became so urgent that Dr. F. told the parents that the only hope for life was in opening the windpipe, to which they consented. On reaching the house he found the patient in such extreme danger that he hastened to prepare the table and instruments, and directed Dr. F. to administer ether. The child, seeing the doctor approach him, struggled and fell back, apparently dead. Respiration ceased and he was pulseless. The father said, "Well, it is all over, doctor; there is no use of operating now;" to which he replied, "It is his only chance, and can do no harm. He was carried to the table and the trachea rapidly opened, the dilator introduced, and the mouth of the operator applied to the wound, thus using artificial respiration. Very soon the doctor had the satisfaction of seeing the patient breathe, and he is now living and well.

Case 5.—March 16th, 1874. Anna C. N., five years and eleven months old, had been attended by a physician for several days, for sore throat. The child getting worse, he was discharged and Dr. D. sent for. He found the fauces covered with a diphtheritic deposit, and the child breathing with great difficulty. The symptoms of suffocation became so urgent that he proposed tracheotomy, but could not gain the parents' consent until the next day, when the operation was performed. She then breathed easily, but gradually the surface of the body assumed a greenish color, and she died of blood-poisoning the second day after the operation.

Case 6.—January 27th, 1875, Dr. M. O'Hara sent for Dr. D. to see Jas. McG., a stout, plethoric man, aged fifty-two years. The day before he had had a chill, followed by sore throat. January 25th Dr. O'Hara found him with a sore throat, with a small patch of diphtheritic membrane on the left side of pharynx. That night the patient was seized with laryngeal stridor and whispering voice, his neck swelled greatly and became sore on pressure. He was leeched, purged, and aconite given, together with other remedies. Lime was kept slaking constantly in his room, but the breathing became more labored. A tablespoonful and a half of a saturated solution of chlorate of potash was now given every two hours. Chlorate of potassa was given by means of the atomizer, and a fly-blister applied to the throat. He improved for several hours, and then became rapidly worse.

January 29th. Dyspnœa extremely urgent; marked lividity of lips and nails; hands clammy and wrinkled, like those of a washerwoman. Proposed tracheotomy. Professor Agnew saw him and agreed that an operation gave him the only chance for life. He consented, and Dr. D.

operated. The patient's neck was very short and swollen, so that the trachea was found at the unusual depth of two inches. Its rings had become ossified, and considerable difficulty was experienced in penetrating it. He succeeded, however, in cutting and breaking the rings and introducing the dilator. Copious hemorrhage followed, which escaped by the wound and mouth. The canula was then introduced, with great difficulty, and secured by tapes.

The next morning, at five o'clock, he was called in great haste, and found the tube drawn out of the trachea by the swelling of the neck, and the patient nearly asphyxiated. Finding it impossible to again introduce the tube, the dilator was passed in and opened, and he again breathed freely. A careful examination, made by all of us, showed the trachea to lay at a depth of two and a half or three inches from the skin. After trying various tubes unsuccessfully, the dilator was left in the wound. The next day two large pieces of ossified cartilage were removed, and another attempt made to introduce a long canula, made for the purpose, but without success. The dilator was then retained in the wound, large doses of chlorate of potassa given, and the patient made a good recovery.

Case 7.—October 9th, 1875; Dr. D. was sent for by Dr. W. S. Stewart, to see Rebecca E. McK., aged five years. She had been sick with diphtheria about a week, but Dr. S. only saw her for the first time the day previous. Although treated actively, the child grew steadily worse. Dr. D. found her extremely restless, breathing with great difficulty, and every muscle thrown into action to aid the stridulous respiration. Her nails and lips were blue; pulse weak, frequent and irregular; skin commencing to relax, and all the symptoms pointing to a speedy death. Assisted by Drs. Stewart and Watson, and his son, he gave ether and operated. The child made a good recovery and is still living.

Case 8.—January 27th, 1876. R. O., a boy, about seven years old. His physician, Dr. J. F. Meigs, informed Dr. D. that he had had an attack of diphtheria. from which he apparently recovered, and was allowed to go about the house; that he took cold and became hoarse and croupy. Dr. D. found him in very much the same condition as the last patient, and recommended tracheotomy. An assistant administered ether freely, under the influence of which he at once sunk, and before the windpipe could be opened death occurred. The operation was, however, completed, and artificial respiration used, but without avail.

Case 9.—February 7th, 1876. A girl, four years old, a patient of Dr. W. L. Atlee, Jr., had been sick a week. She was thoroughly poisoned by the diphtheria, and was passing blood by the kidneys. To avert immediate death by suffocation, tracheotomy was performed, which gave great relief, and prolonged her life for six days, when she finally succumbed.

Prof. Wm. H. Pancoast endorsed the views that had been presented by the lecturer and Dr. Drysdale. The great difficulty is that the surgeon is generally called in too late. Ordinarily, tracheotomy is not a very difficult operation, but in croup the difficulty is very much increased. He had an experience embracing eight cases, all of whom subsequently died, but were greatly relieved by the operation. Where suffocation is impending the operation should be performed, if only to give comfort to the sufferer, and should be resorted to much earlier than it generally is. In successful cases there is always an element of doubt as to the part played by the tracheotomy in the result; the parents are apt to believe that the child might have recovered without its aid. He remembered a case where he was called in to operate, and, as there did not appear to be great urgency, he advised inhalations of lime; the child rapidly recovered, without any operation. He was convinced, however, that the procedure is of great value in the cases described, and did not consider the operation itself as being so serious as it is generally regarded. But in the case of a fat child, struggling and gasping for breath, considerable skill is required to operate quickly and deftly, and at the same time prevent blood from flowing into the trachea. As a rule no anæsthetic should be used, as the blood is already black with want of oxidation and deficient excretion. In the summer of 1858 he had the opportunity of seeing a case with Trousseau, when the operation was followed by great relief. After the operation the patient must be carefully watched, in order to keep the tube clear, and the air of the room must be kept warm and moist.

Dr. Welch said that the question of tracheotomy might be placed in a more favorable light if we should distinguish in our statistics between diphtheria and true croup. He inquired of Dr. Drysdale what had been his experience as regards the success in the two classes mentioned.

Dr. Drysdale could not make any such distinction, because he did not believe that there was any difference. He was confident that the cases he had reported as recovering after tracheotomy would have certainly perished without its aid. In the after-treatment of the cases, milk punch and beef tea should be frequently given. In diphtheria the nourishment of the patient is of primary importance. In addition, he would recommend, and was in the habit of using, large doses of chlorate of potassa, not only for its constitutional effect, but as a solvent of the false membrane, as mentioned by Barthez; he also used it in the atomizer, or hand spray, at frequent intervals.

Dr. G. B. Dunmire inquired of the lecturer as to the question of age in performing tracheotomy. His experience led him to agree with Guersant,* that if the child was less than two years old, and particularly when under the influence of the diphtheritic poison, the operation was contra-indicated. He was aware that cases had been reported in which infants of six months were saved, but no evidence was given to show that there had been general diphtheria.

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* Dr. R. J. Dunglison's translation, "Surgical Diseases of Infants and Children," p. 48.

Dr. Packard replied that if the patient were overcome by the disease, he would be slow to operate, as death was threatened by blood-poisoning, but where the child is suffocating from occlusion of the larynx, he thought the operation was strongly indicated, and in such cases certainly gives great relief. Apart from the diphtheritic poisoning, he could see no reason why the obstruction to the breathing should not be relieved by tracheotomy at any age. The operation must not be judged by ordinary standards, because it is performed under extraordinary conditions. A proportion of five per cent. of recoveries would be very small in hernia operations, but would be good in these cases of croup, provided that the mortality was not in any way attributable to want of skill in operating.

Dr. Richard A. Cleemann had a successful case to report. The child was four years old, had diphtheria, with albuminuria and paralysis. Dr. Hodge performed the operation and the child recovered. He thought it very important that the inner tube should be longer than the outer, on account of the difficulty of keeping it clean. In the case referred to he had drawn a cast of the trachea and bronchus out of the tube after operation.

Dr. Packard was of the opinion that in some cases chloroform might be used in children, but generally no anæsthetic is needed. He admitted the force of Dr. Pancoast's remarks about the parents' postponing the operation until the chances of success are diminished, and thought that physicians should be more decided and positive when the operation is indicated. Whenever the child's life is threatened by occlusion of the larynx, this is a danger that may be set aside by tracheotomy. The atmosphere of the room should be kept moist with steam after operating, and the atomizer might be used, with lactic acid or lime water, or the vapor of lime inhaled.

Dr. Thos. B. Andrews reported a case upon whom he operated four weeks before, in which no anæsthetic was given. On opening the trachea the child breathed freely, and immediately expelled false membrane by coughing. The child died thirty-two hours after the operation.

Dr. John H. Packard said that he could not give a very encouraging statement of the statistics of the operation in his own experience, but thought that the unfavorable result was attributable to the delay in operating. Tracheotomy is considered as a last resort, and the consent of the friends cannot be obtained, in many cases, until it is certain that death is imminent without it. He had performed tracheotomy in croup, in all, four times.* One case lived six days, but the diphtheritic poisoning prevailed, and the little patient finally succumbed. Another had great swelling of the glands of the neck; he was at a loss to account for the fatal result here, except from the supposition that it was due to latent diphtheritic poisoning. The third case was a child seven years of age, and was in extremis at the time of operation; she lived in comfort for nearly twenty-four hours. The fourth was at the Episcopal Hospital, in this city. The child was two years old, and had been brought from a distance; he was unacquainted with the previous history. It was evidently moribund at the time tracheotomy was performed, but lived for forty-eight hours afterward, in comparative comfort. He urged the earlier performance of the operation, as soon as there is positive obstruction to respiration, for he strongly believed that by overcoming the laryngeal obstruction the patient is afforded a better chance of recovery.

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* [A report of further and more favorable experience has been since furnished to the readers of the REPORTER.—P.]

EDITORIAL DEPARTMENT.

PERISCOPE.

Studies on the Phenomena of Putrefaction.

At a late meeting of the Clinical Society of Glasgow, Dr. Dougall showed specimens of fluids which he had kept for four years. They had been prepared, along with many others, to illustrate the phenomena of putrefaction and the action of various anti-putrescents. 1. A specimen of beef juice in a state of putrefaction; the bottle had been kept in the dark, and was glass-stoppered, and the fact that putrefaction still continued threw light on the state of sewer fluids pent up in dark places. 2. A specimen of beef juice, in which fermentation was induced by the addition of hydrochloric acid. If an albuminous fluid be divided into two parts, and one of these set aside, it putrefies; but if to the other part a vegetable or mineral acid be added, the putrefactive process is averted, and instead of it we have in a few days tufts of fungi, and after several months the reaction of albumen is quite lost in the fluid so treated. Contrasting this with specimen No. 1, where putrefaction was still in progress after four years, Dr. Dougall said it showed that fermentation was a much quicker process than putrefaction. 3. A specimen of beef juice, in which the putrefactive process had been arrested by the addition of hydrochloric acid. Two weeks after addition of the acid, the putrid odor had disappeared, and was replaced by a fragrant smell, possibly akin to that of valeriana. This odor had been retained by the specimen for four years. Dr. Dougall also showed various solutions, to illustrate the theory of subsidence of germs or particles from the air; in one of these, boiled urine had been kept quite sweet and clear for four years, by the simple precaution of plugging the neck of the flask with common cotton-wool, which acted as a filter to the particles in the air. This cotton-wool had been subjected to microscopical examination (with $\frac{1}{12}$ lens), but only amorphous particles were seen.

Treatment of Exophthalmic Goitre by Galvanization.

In the *Gaceta Medica Italiana*, Dr. D'Ancona relates the case of a woman, aged nineteen, suffering for two years from exophthalmic goitre, the usual triad of symptoms being well marked.

In spite of all kinds of treatment she had arrived at such a stage of cachexia that her life was despaired of. At length galvanization with ten elements of Stöhrer's portable battery was tried; and on finding that it was followed by rapid signs of amelioration, it was persevered in for five months. During this time one hundred seances, lasting from three to five minutes each, were given to the patient. She gained thirty pounds in weight; her face lost its paleness, and regained its natural color; the exophthalmia disappeared almost completely, as well as the enlargement of the thyroid body, and the pulse fell from 130 to 90. Menstruation was restored, and in every respect the health of the patient was entirely re-established.

The Action of Diuretics.

According to Grützner (*Pflüger's Archiv*, xi. 370) there are two distinct modes by which the secretion of the kidney can be increased medicinally: (1) by raising the pressure in the arterial system generally, *e.g.*, by digitalis or strychnia; and (2) by directly influencing the secreting tissues of the organ, *e.g.*, by urea or nitrate of soda. If the blood-pressure in the arteries be lowered in rabbits or dogs by dividing the cervical portion of the spinal cord, and so destroying the controlling effect of the vaso-motor centre in the medulla oblongata, the urinary secretion almost completely ceases. If, however, urea or nitrate of soda be injected into the veins, there is a slight rise in the blood-pressure, and the kidneys recommence secreting under a pressure far below that at which they ordinarily secrete. The above drugs have the same effect if the blood-pressure is lowered by large doses of chloral hydrate or curare. This action of urea and nitrate of soda on the renal secretion appears to be of a "specific" character, and to be in some way connected with the function of the Malpighian tufts. It can be prevented by stimulating the medulla oblongata by electricity or by carbonic acid poisoning, and so raising the blood-pressure throughout the body; for this induces vaso-motor nerve spasm, contraction of the renal arterioles, lowered blood-pressure in the glomeruli, and arrest of the renal secretion, in spite of the presence of these diuretics in the blood, the proof that the glomeruli are involved being this, that previous section of the vasomotor nerves of one kidney is followed by abundant secretion of urine when the blood-pressure is raised, while the other kidney scarcely secretes at all. It further appears from Grützner's experiments that digitalis and strychnia exert a peculiar influence on the renal arterioles, leading to vascular spasm and arrest of the urinary secretion, which does not depend on the vaso-motor action of the medulla oblongata, since it occurs indifferently whether the vaso-motor nerves of the kidney are divided or intact. That the effect is due to intra-renal vascular spasm is shown by the abundant diuresis which occurs at a later stage, when the spasm has ceased, but the general arterial pressure continues high.

Gelseminum Sempervirens in Neuralgia.

The action of this drug in affections of a neuralgic character, says the *Medical Examiner*, has recently been studied by Dr. Emery-Heroguelle, who made it the subject of his inaugural thesis. A summary of his observations appeared in a recent number of the *Paris Médical*. Taken in a large dose gelseminum produces frontal headache, stunning, visual troubles, diplopia, contraction of the pupil, and dropping of the upper eyelid. There is also weakness of the legs. The author reports six cases of intoxication from this drug, taken in mistake. Gelseminum is administered in powder or in pills in the dose of three-fourths of a grain to three grains of the powder of the roots. It may also be given in the form of tincture, made with 100 parts of alcohol at 60° to 5 parts of the powdered root. The dose is from 40 to 80 drops. A syrup may be also made by adding 50 parts of the tincture to 1000 of simple syrup. M. Dujardin-Beaumetz has also had prepared an aqueous extract and an alcoholic extract. M. Emery-Heroguelle reports thirty-one observations collected in the service of M. Dujardin-Beaumetz, and from foreign journals, all of which refer to the action of the drug on neuralgia. From an analysis of the results, it appears that gelseminum may be especially looked upon as an anti-neuralgic; that it acts favorably in cases of dental neuralgia of the fifth pair, of the frontal, temporal, supra-, and infra-orbital nerves, the brachial plexus, the intercostal and ilio-lumbar nerves. Sciatic neuralgia appears to resist, rather more than other neuralgias, the calming effects of this tincture. Dr. Ortille, of Lille, however, succeeded in curing with this remedy a patient who had suffered for a long time from sciatica which resisted all sorts of therapeutic means. The author considers gelseminum to be a powerful sedative in neuralgia, especially in those varieties which are not accompanied by that local fluxion in the affected point. Favorable results have also been seen in hemicrania.

Comparison of the Results of Lithotomy and Lithotrity.

A paper on this subject was recently read by Sir Henry Thompson, before the Royal Medico-Chirurgical Society. The list he gave comprises 500 cases of stone in the bladder of the adult male, in 422 different individuals. All the patients were above twenty years of age, the majority being between fifty and seventy years, and the mean age was sixty-one and a half. Of these 500 cases, 422 were treated by lithotrity, and 78 by lithotomy, with a total of 61 deaths, or an average mortality of 12.2 per cent. Such a result in so large a number of unselected cases is alike gratifying and enviable, whether taken by itself or compared with that obtained by other operators. The published experience of the famous surgeons, Cheselden, Martineau, Brodie and Fergusson, gives an aggregate of 422 similar cases, with 69 deaths, or 13.98 per cent., that is, 1.76 per cent. more than Sir Henry Thompson has had. The statistical results of lithotomy and lithotrity given in Sir Henry Thompson's tables are, however, strikingly different. Of 78 cases treated by lithotomy, 29, or 37.18 per cent., died; while in 422 cases of lithotrity, there were only 32 deaths, or 7.58 per cent. This, of course, does not represent the statistical difference of the two operations in analogous cases. Sir Henry Thompson has always laid stress—and of late years with increasing emphasis—on the fact that the operations should not be regarded as reciprocal, but as complementary one to the other. And the inference to be drawn from his full and complete experience is that lithotrity is, as a rule, unsuitable for stones more than an inch in their long diameter—the actual limit varying with the nature of the calculi—and for those that require the fenestrated-bladed lithotrite. For such lithotomy should be employed.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

The Advantages and Accidents of Artificial Anæsthesia. By Laurence Turnbull, M.D., PH.G. Philadelphia, Lindsay & Blakiston. 12mo, pp. 208. Price, in paper, 75 cents; cloth, $1.

Close upon the occurrence of two fatal administrations of chloroform in Philadelphia, comes to us a little work under the title given above. It is as truly a *multum in parvo* as has fallen into our hands for many a day.

It begins with the earliest uses of pain-saving agents, giving a brief sketch of them up to the time of the discovery of ether, and closes the first chapter with the announcement that thirty different articles have been found to possess anæsthetic value.

The work, however, is mainly devoted to the three most important agents, viz., ether, chloroform and nitrous oxide, and into the chemical, anæsthetic, and therapeutic values of each the author enters, carefully and explicitly.

We are pleased to see the strong preference the author has for ether. We are glad to see recorded in his work that ether, intelligently administered, will meet nearly if not all the requirements of the profession. We say "if intelligently administered," for it has been our fortune to find very few who have given to the subject the attention it deserves. The medical student takes a private course on the eye, ear, chest, obstetrics, operative surgery, bandaging and fractures, and we had almost said a host of other specialties. But who ever felt it worth his while to study this subject? And throughout the world any one may be called upon, student, nurse or bystander, to give chloroform or ether, while only the skilled surgeon can be allowed to operate. Yet no one who has ever carefully studied the administration of anæsthetics will acknowledge that there is an operation in the whole range of surgery that will require more time to master than the use of these most potent agents.

From the beginning to the end of the book the reader will be impressed with the fairness and candor with which the author has pursued his work. As the subject is one that has absorbed the attention of the medical profession for a quarter of a century, the views of the more eminent and careful observers have been fully but concisely given, so that the reader can find ample material for deciding upon his course of action. Under each anæsthetic will be found the sad death record that has attended its use, and no one can read them and the author's views without being impressed with a due sense of his responsibility whenever he has occasion to use them. Precautions, impending dangers and how to meet them, with modes of resuscitation when too fully influenced, all receive due attention.

The work is one that should have a universal circulation. Though designed for the medical profession, and especially the younger members, it possesses a far greater interest to the general reader than often appertains to medical works.

"X."

THE

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THE NATURAL HISTORY OF CRIME.

The most puzzling of all enigmas is the enigma of evil. John Stuart Mill, and before him Leibnitz, declared that its existence is incompatible with the notion of a God at once all-good and all-powerful. The failure of many a religion has been from its incompetence to deal with this problem.

Coming down from the heights of theory to the level of daily social life, the consideration of *crime* is one of the most personal interest to every member of a commonwealth. The tendency of modern investigation is more and more to show that criminals as a class are persons of defective mental power, below the average in ambitions and education. They are shorter lived and much more prone to nervous diseases and some of the forms of insanity. Comparatively few of them will pass the examination required for the army or navy. They are also, as a class, more homely than their ordinary associates of the same level of life, a remark easily verified in walking through the halls of any penitentiary. When their family history can be ascertained, it very commonly shows a record of insanity, epilepsy or drunkenness on the part of one or both parents, and marks of congenital scrofula or syphilis are frequent.

These statements hold generally true of the ordinary type of criminal. Another class, however, come from the higher walks of life. These are more frequently accused of crimes not implying violence, such as forgery, false pretence, breach of trust, perjury, etc.; or if implying violence, then such acts as do not suggest premeditation, but rather emotional impulse. Here, too, a questionable family and personal history, one darkened with mental aberration, marked eccentricity, or hereditary disease, is frequently developed by inquiry.

The history of crime shows that it cannot be traced to any temporary acting power, such as idleness or drunkenness. The devil may still find work for idle hands to do, but, as a rule, a lazy man is not a criminal; at least, he rarely rises above petty larceny. Nor is drunkenness half the factor in crime that the average temperance lecturer makes it out to be. In Spain, Southern Italy and San Domingo, for example, murders and assaults, highway robbery and burglary have been very common for generations; yet these nationalities are conspicuously temperate people. The Indian Thugs never taste intoxicants. The Russian peasantry are great drunkards, but, according to Mr. Wallace, are quite peaceable in their cups.

Nor is it owing to the intense struggle for life among competing masses. Statistics, the great source of modern argument, published on this subject by the London *Times*, seem to show that, while the aggregate mass of crime in cities is, of course, large, the proportion of criminals to population is, if anything, smaller than in towns and rural districts. In London the proportion is 4 in 10,000; in Liverpool, 11 in 10,000; in Taunton, an inconsiderable village, 17 in 10,000. The favorable showing that London is enabled to make is ascribed to the vigilance of the police, and to the great number and variety of careers open to the inhabitants.

It is asserted that crimes of malignity, and all crimes of violence not dictated by a wish to obtain property, flourish chiefly in small towns and rural districts, a fact of much significance. In fact, the more we study wickedness the nearer we reach the conclusion long since propounded by Socrates, that its only exciting cause is defective knowledge; that, could men clearly understand all the relations of an action, they would always set about it virtuously; and that, as far as our private judgment of the deeds of others is concerned, we cannot do better than to lay to heart the maxim of the French philosopher, *Tout comprendre c'est tout pardonner.* No maxim is more authentic; none is more noble, more calculated to render man considerate in judgment, beneficent in deed.

NOTES AND COMMENTS.

Treatment of Tinea Tonsurans in Children.

The treatment which Mr. Startin, of London, finds in these cases to be successful and rapid, and to prevent the spread of the disease, consists of: 1. Complete isolation of the patient; 2. Disinfecting and boiling all brushes, towels, etc.; 3. Disinfection of the rooms occupied with burnt sulphur; 4. Great attention to cleanliness and diet. The ill-fed should be well nourished, and any deficiency in food should be made up by the administration of cod-liver oil and iron. The head should be daily washed with yolk of egg and warm water, keeping the hair cut short at, and for a short space around, the diseased patches; and the part should be occasionally dressed with some oleaginous preparation containing a parasiticide, viz., oil of cade or tar, sulphurous acid, and iodine, with a daily application of a stimulating mercurial ointment.

The question is often asked: "Is the child cured, and when may he return to school?" The following rule seems to be the safest and best. So long as any trace of the furfuraceous patches remain upon the head, showing dull, broken hairs, with their minute vegetable organisms, on careful microscopical examination, the child must not be allowed to return to school.

The Action of Malaria.

At a late meeting of the Medical Society of London, Dr. Sullivan read a paper on the action of malaria on the human organism. He advocates the theory that to nerve paralysis, through the action of this poison, must be attributed, not alone the phenomena manifested during a paroxysm, but also the sequel of the intermittent fever. Dr. Sullivan availed himself of the occasion to expound the views of Professor Baccelli, of the University of Rome, on "the influence of malaria on the spleen." He explained, by means of a diagram, copied from one of Baccelli's, the special venous circulation between the spleen, stomach, pancreas, and liver, together with the peculiar function of the spleen destined to supply to the glands of the stomach the materials necessary for their secretion. He therefore concludes that whatever tends, like the poison of malaria, to impair the function or the texture of the spleen (an organ which, as a part of the lymphatic apparatus, acts so important a part in the formation of the blood and in the process of nutrition), must affect greatly the function of digestion.

On Cerebral Syphilis.

In a recent lecture, Professor Fournier states that of forty-seven cases of cerebral syphilis that have come under his care, only three of the number succeeded grave forms of syphilis. In thirty the syphilis was of a medium ordinary character as regards the amount and quality of the secondary symptoms, while in fourteen the symptoms were of so benign a character as to have long passed unperceived and without treatment. He concludes, (1) any attack of syphilis, whether grave, medium, or benign in its primary manifestations, may be followed by cerebral accidents; (2) that the original benignity of a syphilis (whether treated or not) is no guarantee against the ulterior recurrence of these accidents; (3) as far as facts hitherto are known, the originally medium or benign cases appear to be those which are most often followed by cerebral syphilis. He refers to a case in which, seventeen years after the occurrence of the slightest symptoms of syphilis, the health continuing perfectly good in the meantime, cerebral symptoms occurred, which proved fatal.

The Effects of Lymph on Cicatrization.

Professor Koeberlé, of Strasburg, states that lesions or cuts intersecting the lymphatics are more difficult than others to heal by the first intention. Moreover, the lymph, easily becoming puriform, gives rise to the sanies which, infiltrating the tissues, occasions erysipelas, secondary hemorrhages, and other accidents consecutive upon a wound. This stagnation of the sanies is rendered evident by redness and pain occurring at some point in the line of the cicatrix. It then becomes necessary to allow of its escape by opening the wound at this point. Observation shows that in the middle line of the body, where there are few lymphatics, immediate union often occurs; and further, that longitudinal incisions, which do less injury to the lymphatics, heal better than horizontal ones. Professor Koeberlé hence draws the conclusion that, when practicable, incisions should be made parallel to, and not across, lymphatic vessels.

CORRESPONDENCE.

Scirrhous Tumor of Liver and Omentum.

Ed. Med. and Surg. Reporter:—

I beg leave to report, through the columns of your journal, a case which has proved of unusual interest to all medical men who saw it. Some time during the early part of June, 1877 (I have no notes of the case, and hence cannot give dates accurately), Mr. M. P. V., aged 54, druggist by profession, consulted my partner (Dr. Tustison) and myself in regard to a tumor located in the umbilical region just above the umbilicus, and a little to the left of the mesian line. For some time previous to this he had been having severe attacks of pain, but of short duration, in this region, and while suffering from one of these attacks, he by accident discovered a "lump," which he described as being about the size of a hickory nut when he first felt it. It was some time after this, however, that he sought our advice. The tumor, when we first examined it, was about the size and shape of a large hen egg, and lying transversely just above the umbilicus. It was very hard, and the surface seemed nodulated. Its position could easily be changed. Pressure upon it gave but little, if any, pain. The only inconvenience he felt from it was the pain, and that occurred principally during the after part of the night. He was well nourished; appetite good; bowels regular; complained of nothing except the pain. Never having seen a similar case, our diagnosis was not very positive then, but, owing to the position of the tumor, the ease with which it could be moved, the hard and uneven surface, and the character of the pain, we were inclined to believe it scirrhous in its nature, and involving the omentum, and so told our patient. We prescribed iodide of potassium in comp. syr. stillingia. Within a short time after this he was induced by friends to consult some physicians of Burlington, who, upon seeing the case, pronounced it, he said, disease of the liver, and gave him the following prescription:—

℞.	Acetate potassium,	℥j	
	Acetic acid,	fl.ʒj	
	Spts. eth. nit.,	℥iss	
	Fl. ex. taraxacum,	℥ij.	M.

Sig.—Teaspoonful, well diluted, every six hours.

After using the above prescription for some two and a half or three months, he again returned to us. Said he was satisfied it was not the liver, and that all the medicine which he had taken had done him no good. We made an examination then, and found the "lump" three or four times as large as when we first saw it, and still hard and nodulated. Could move the tumor into the left hypochondriac and left lumbar regions. As we could not quite concur in the opinion that it was "disease of the liver," we therefore advised him to go before the faculty of the College of Physicians and Surgeons at Keokuk, which he did, and was examined by Drs. Hughes, Cleaver and Carpenter, who, he said, pronounced it a hard, malignant tumor, and that it had no connection whatever with the liver. He failed, however, to get their opinion as to what it was attached. Their prescription was the iodo-bromide of calcium comp. and quinine. He followed their prescription until he had consumed five pounds of the solution. He then came to us again, and at this time we found the tumor had grown very rapidly. He was suffering pain all the time, was unable to rest any at night without an opiate, appetite poor, stomach irritable, bowels constipated, and a few days after this he had a severe hemorrhage from the stomach, in which he probably lost a quart of blood, yet there was no diminution in the size of the tumor. After the hemorrhage we prescribed the elix. gentian with chloride of iron, and also advised the use of carbolic acid. Our patient continued to grow worse all the time, and during the month of February I went with him to Chicago, to consult Dr. Gunn, of Rush Medical College. Dr. Gunn gave him but very little encouragement; said he thought it of a malignant character, and that it had probably had its origin in the mesenteric glands. He advised him to continue the carbolic acid and make free use of cream, and opiates sufficient to relieve pain. The patient continued to get worse until the tumor seemed to fill the whole of the abdominal cavity. Suffered the most intense agony when not under the influence of opiates, and during the last four or five weeks of his illness was compelled to lay on the left side all the time. During the last three weeks of his illness he became very much jaundiced. Died March 31. I, with the assistance of Drs. Tustison, J. H. Graham, and T. G. Taylor, made a post-mortem April 1st, and found it to be scirrhus, involving the omentum, mesenteric glands, and a part of the left lobe of the liver, which, in process of time, had cemented, almost in a solid mass, the omentum, transverse colon, stomach, left lobe of liver, and a portion of the mesenteric glands, and the whole mass adhered to the parietes of the abdomen.

W. S. Grimes, M. D.

Wapello, Iowa.

A Case of Arsenical Poisoning Treated by Dialysed Iron.

Ed. Med. and Surg. Reporter.

Having seen reports of several cases of arsenical poisoning in the medical papers, which were treated by dialysed iron, I wish to give my testimony as to its merits. About 10 A. M., January 29th, 1878, I was called upon by a servant girl, who very excitedly told me that Mrs. V.'s little boy had "swallowed something green." I suspected the arsenite of copper. I seized a bottle of Wyeth's dialysed iron, and hastened to the house. I found a boy, sixteen months old, lying upon his back; countenance pale, and indicative of suffering; thighs flexed upon the abdomen, and hands clenched, as though in great pain. There was some green pigment on the fingers, and about the teeth; the mother had endeavored to wash out the mouth. I administered a direct emetic, and sought for the source of the poison. I found a large box of large-sized cakes water-colors, from which box one cake had entirely disappeared. The child had been left to play by itself for quite three-quarters of an hour before I was called, their attention being called to it by its calling for water. The emetic acted and brought a great quantity of the green paint. I gave two teaspoonfuls of iron, diluted, which was rejected in the form of a brown precipitate, insoluble in water. I repeated the dose, and it was again rejected, but this time very little changed in color. The child was now almost in collapse; pulse frequent, feeble and irregular; respiration labored; surface covered with cold perspiration, etc. I ordered brandy, per rectum, friction, etc. Purging now began. In the third watery stool I detected the Schele's green. I ordered the iron in twenty-drop doses, every half-hour for six times, and at longer intervals after, until evening; it was given in olive oil. At night the child was in a better condition; had vomited once during the day, and purged several times. In some of the stools were to be seen the precipitate formed by the iron. The gastro-enteritis following was easily controlled, and the child made a rapid recovery. I have no doubt but that the case would have terminated fatally, if the iron had not been used, for the emetic did not dislodge all of the poison. It would be well for all physicians to keep a bottle of Wyeth's dialysed iron on hand, to be prepared for these emergencies, which are liable to arise at any moment.

G. Miles Arnold, M.D.,

105 *East Seventy-first street, New York city.*

Diphtheria.

Ed. Med. and Surg. Reporter:—

In mild cases of this disease I have for some time employed, with good success, an agreeable combination, consisting of chlorine water, dialysed iron and glycerine.

To children from two to ten years, I give from six to ten drops each of the first two, in a teaspoonful of glycerine, every two hours. If I find much swelling of the tonsils, I add five grains of the chlorate of potassium. If there is present much fetor, or the disease has extended into the nares, I leave out the potassium, and add five grains of the chloride of calcium to each dose. The temperature should be carefully watched. Any marked elevation must be checked, or its depression, so apt to take place at night, promptly relieved by appropriate medication and nourishment.

Very respectfully,

Charles Carter, M. D.

April 7th, 1878.

NEWS AND MISCELLANY.

Personal.

—Dr. J. Robert von Mayer, whose death occurred in March, was one of the most distinguished of modern scientists. Dr. Mayer was a German physician, practicing in Heilbronn and pursuing in an unobtrusive way his philosophical studies, which resulted eventually in the promulgation of a theory—the dynamical theory of heat—by which he securely placed himself amidst the greatest thinkers of his age. It appears that, being engaged professionally at Java, in 1840, the circumstance of bleeding a fevered patient led him to notice that the venous blood of the inhabitants of the Tropics was of a much brighter red than that of men inhabiting colder regions. From this fact he gradually advanced, until, in 1842, he arrived at a clear conception of the mechanical equivalent of heat, which, in the following year, was experimentally demonstrated by Dr. Joule, of Manchester, in entire ignorance of the speculations of Mayer. His philosophic mind gave way under the intense application to which it was subjected, and, for a period, Dr. Mayer was placed in an asylum. Eventually he recovered, but he did not resume his medical practice or his philosophical studies. For the remainder of his days he devoted his attention to the cultivation of his vineyards.

—Europe numbers various persons of noble birth among its physicians. The Grand Duke of Bavaria has a well earned diploma. In England we recall the Hon. Auberon Herbert, M.D., and in Ireland has lately been announced the marriage of the Hon. Arthur Hill Trevor de Montmorency, M.D., L. R. C. S. I., who is practicing in Dublin.

—Dr. Wm. Perry, of Exeter, N. H., writes, in the last number of the *News Letter*, of that place, an account of his trip down the Hudson with Fulton, in his first steamboat, in 1808. The old gentlemen is 92 years old, and hale and hearty.

Items.

—The city of Providence, as appears from its census, taken January 1st, 1878, has diminished in population about a thousand souls, or one per cent. within two and a half years. This is attributed by Dr. E. M. Snow, the City Registrar, to the prevailing "hard times," as people can live cheaper in the country than in the city.

A New Sense.

M. E. Cyon has sent a note to the French Academy, in which he claims that the eighth pair of cerebral nerves contains two nerves of entirely distinct senses—the auditory nerve, and the nerve of space (*Raumnerv*). He regards the latter as the source of all our ideas of extension, and of the three dimensions of space.

QUERIES AND REPLIES.

Medical Ethics.

MR. EDITOR:—A employs B as his family physician. A meets with an accident. C, the nearest doctor, is sent for, and is not found. While B is being called, C arrives, and is attending to the wound when B enters. B, without extending to C the *courtesy* which one gentleman observes toward another, carries A to his carriage, drives him home and attends to him. Do you consider B violating medical ethics? X.

Reply.—A lack of courtesy is, of course, contrary to the spirit of the Code. But the statement given is too vagueto pronounce definitely on the case.

Headaches.

MR. EDITOR:—If *Subscriber*, page 260, will use iodoform pills, grain 1, commencing about a week before the menses are expected, and take one before each meal until they appear, he will probably check the headache.

Empire, Kansas. H.

Carbolate of Iodine.

Dr. M., of W. Va., desires a convenient formula for combining iodine and carbolic acid in such cases as ulcerated os, etc.

MR. EDITOR:—Will you please inform me, through the REPORTER, what is the most simple and certain test for the chlorides in the urine; and if by nitrate of silver, the proportion to the ounce of aqua.

J. A. C.

Answer.—Add a few drops of nitric acid, and then a small quantity of a solution of nitrate of silver, grains 20-30 to fluid ounce 1. A white precipitate indicates the presence of the chlorides.

OBITUARY.

SETH SHORE, M.D.

At a Regular Meeting of the Croton Medical and Surgical Union, held at Katonah, Westchester county, N. Y., April 2d, 1878, the following resolutions were adopted:—

WHEREAS, we have learned with profound sorrow of the death of Dr. Seth Shore, and

Whereas, it is our sad duty to testify to the great loss sustained by us in his death, and

Whereas, it is becoming and proper that we should bear public testimony to his excellence of character, and to his high professional attainments; Therefore, be it

Resolved, That in the death of Dr. Shore, this Society, of which he was an honored and efficient member, has sustained a loss which is irreparable.

Resolved, That we bear witness to his superior talents, his cultivated mind, his kind heart, his sympathizing nature, and his high sense of professional honor.

Resolved, That in his varied learning, his ripe professional experience, and his wise counsels, we recognize the qualities that constitute the highest type of a physician, and the best guarantees for the professional success which crowned his career.

Resolved, That we shall ever cherish his noble example as a man, his enviable reputation as a physician, and his endearing qualities as a friend.

Resolved, That we sympathize with his family in this their overwhelming sorrow.

Resolved, That a copy of these resolutions be sent to the family of the deceased, and that they also be published in the MEDICAL AND SURGICAL REPORTER, and the local papers.

J. Q. ADAMS, M.D.
J. H. SMITH, M.D.
L. F. PELTON, M.D.
Committee.

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A WEEKLY JOURNAL,

EDITED BY D. G. BRINTON, M. D.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1105.] PHILADELPHIA, MAY 4, 1878. [Vol. XXXVIII.—No. 18.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SUBCUTANEOUS OSTEOTOMY, ILLUSTRATED BY A CASE IN WHICH THE FEMUR WAS SAWN THROUGH THE NECK, AND ALSO THROUGH THE SHAFT.

BY H. LENOX HODGE, M. D.,
Of Philadelphia.

Read before the Philadelphia County Medical Society, January 9th, 1878.

It has long been well known that subcutaneous injuries heal readily. An extensive contusion without a wound of the skin causes comparatively little constitutional disturbance, and generally does well, even when much blood is effused. A simple fracture of bone, without any wound through the skin communicating with it, unites in due time, without risk to life. A dislocation of a joint after reduction gives rise to no violent symptoms, and only a little time is required before the function of the part is completely restored. Very different is the result in the contusion, the fracture, and the luxation, if the injury be complicated by a wound, and the air thus have communication with the seat of injury.

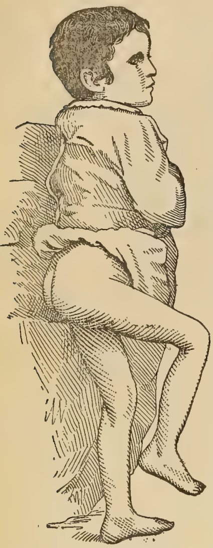
Advantage of these well-known facts has been taken in modern surgery. By introducing a narrow knife through the skin by a small puncture, extensive divisions of tendons, fasciæ and muscles may be made, with as little constitutional disturbance as if the parts had been torn without any wound of the skin.

In 1853, Dr. Brainard, of Chicago, proved that in the same way operations could be done on bones, subcutaneously, by a drill. His first operations were done for the purpose of obtaining bony union in cases of ununited fracture. Afterwards Dr. Brainard, Dr. Pancoast and Dr. Agnew, extended the operation to cases of deformity, and after drilling the femur, broke it at this weakened point. In addition to a drill a chisel was used in subcutaneous operations on bone, as early as 1862, by Dr. Gross. Mr. Adams, of London, has greatly improved subcutaneous operations on bone, by doing away with all employment of force, and substituting a complete section of the bone at once, by a saw. His first operation was done in December, 1869.

The following is the history of a case in which I have twice done the operation of subcutaneous osteotomy.

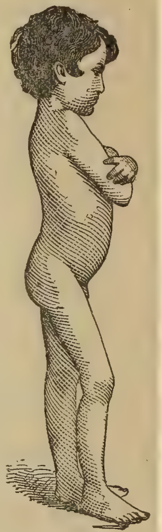
Frank G., when 7 years of age, had hip disease, in 1874. Six months after the beginning of the disease he was received into the Children's Hospital, and a cure was obtained, without the formation of any abscess. Notwithstanding every effort that could prudently be made, by extension, by splints and by apparatus, the thigh became so drawn up as to form nearly a right angle with the axis of the body. He could not bring the foot to the ground when he stood erect. Figure 1 represents him standing with the aid of a chair. His modes of progression were threefold: sometimes he hopped on the left foot; sometimes he made use of crutches; sometimes, by flexing the left thigh, and thus putting it in the same position as the right, he lessened his height by several inches, and was able to walk awkwardly upon both feet, for short distances. Upon examination very slight motion could be detected at the hip, and union, although fibrous, was very firm.

FIG. 1.



On November 10th, 1876, after consultation with my colleague, Dr. John Ashhurst, Jr., I divided the neck of the femur subcutaneously, at the Children's Hospital, after the plan of Mr. Adams, and with instruments made after his pattern. The tenotomy knife was inserted down to the bone, and the narrow saw then passed along the wound, and the neck of the femur divided at right angles to its axis. The small orifice was closed by lint soaked in tincture of benzoin, the lint being slightly inserted between the lips of the wound. The limb was brought nearly into the straight position, and extension by weight and pulley was made. No fever or constitutional symptoms followed, and the wound at once healed in all its deep portions; but a little pus formed in the superficial fascia and discharged at the wound; and once, after the external wound had healed, formed again and reopened the puncture. This slight and superficial inflammation gave rise to no other inconvenience. The section of the bone caused no more constitutional disturbance than that from a simple fracture. Union readily took place. It was found, however, impossible to keep the limb straight; it gradually, and notwithstanding all our efforts, regained its old place at right angles to the pelvis. Believing that this resulted from the powerful contraction of the psoas magnus, and iliacus internus muscles attached to the lesser trochanter, and thus below the position of the section of the bone through the neck, on July 12th, with the same instruments, I divided the shaft of the femur, just below the lesser trochanter, and at right angles to the long axis of the bone, after the manner of Mr. Gant, of London. The limb was more easily brought into the straight position, and more readily kept in good position. The external wound was closed by collodion. There were no constitutional symptoms whatever. The boy was bright and playful. The external wound was perfectly healed in a few days, and the bone, under the treatment by extension from the time of the operation, united as readily as after a simple fracture. The result has been all that could have been desired. Figure 2 shows his present condition. The limb forms but a slight angle with the pelvis. He thus can stand firmly on both feet, and can easily sit down upon a chair. The union at both sections is firm, without any motion. He has no need of crutch or cane, but can walk and run with ease. He is very active in all his movements, and in ascending stairs, notwithstanding the constant rise of step after step, he can run up the stairs. This excellent result has been attained apparently with little or no risk to life.

FIG. 2.



In studying this case I would direct your attention to several points of practical importance which it illustrates, and to some matters connected with it, from which conclusions may be drawn for guidance in future cases.

First, then, I ask your attention to its *subcutaneous character*. Although it is a complete section of the bone by a saw, and the saw-dust from the bone remains in the wound; it belongs to the subcutaneous class of operations. This has been questioned by some, but it is clearly shown, first by the character of the wound. It was small and made by a tenotomy knife at a little distance from the bone. After the withdrawal of the knife, the small saw, no wider than the knife, was inserted and carried down to the bone, and by short movements of the saw the bone was sawn through. During all the time of the sawing, the wound was filled by the shank of the saw, just as in the case of a knife in the operation of tenotomy. The teeth of the saw were entirely within the tissues, in close contact with the bone and did not protrude at the wound. Again, the wound itself behaved in the same way as in other subcutaneous wounds. In the second operation, the wound united by primary adhesion and remained sound and well. No case of simple tenotomy could have healed better. In the first operation there was only a slight superficial inflammation, not more than often arises from a slight scratch. The cause of this inflammation was due either to the fact that the lips of the wound were kept apart by the piece of lint soaked in the tincture of benzoin, or else it was due to some constitutional irritability at the time. The better method of treating the external wound appears to be, as was done after the second operation, simply to bring the edges together, and hold them in contact with collodion, or strips of adhesive plaster.

The subcutaneous character of the operation is further shown by its freedom from constitutional disturbance. Notwithstanding there was an external wound communicating with the ends of the separated portions of bone, twice made within a few months in the same child, there was no impairment of the general health. Figure 2 shows him healthy and strong. During the whole course of treatment there was no constitutional disturbance, as shown by the pulse or by the temperature. The progress was like that of a simple, rather than that of a compound, fracture. Indeed, there was far less evidence of febrile action than after a simple fracture of the thigh. There was no swelling or infiltration of the tissues with effused blood and serum, so common in simple fractures, and no irritation from the sharp fragments of broken bone. The sawn surfaces were smooth, and therefore did not cause pain and spasmodic contractions.

The statistics of the operation, as collected by Mr. Adams, show, "that in a very few cases deep-seated suppuration occurs; but in only one of these, so far as at present known, has death resulted from pyæmia, out of twenty-four recorded cases. In one other case death was accelerated by the operation, or rather by the prolonged suppuration which followed. The patient died eight months afterward, from albuminuria and phthisis."*

Another point of importance is to consider whether the section of bone could be made by any other *instrument* in a better manner than by a saw. Mr. Maunder, of London, prefers to use a chisel and mallet. From my experience with the small saw, I can state that it proved to be all that one could desire, in the division of the femur, either through the neck or through the shaft. If it should be necessary to divide the femur through its condyles, or the tibia near its head, then I can readily understand how there might be some difficulty in managing the saw, on account of the width of the bone, and on account of its close contact with the skin. The substitution of a chisel for a saw apparently renders the operation more tedious and difficult, and cuts the bone more irregularly. The chisel struck by a mallet is more liable, than the saw, to slip off the bone and injure the surrounding tissues, and thus large arteries, veins or nerves, might be wounded. The employment of one or more chisels of different sizes, as has been done, appears to increase the dangers of the operation, and to lessen its subcutaneous character.

After having made the section of the bone, what should be the *treatment?* Mr. Adams' plan is to place the limb in a Liston's splint, and wait until the fourth day before making extension, and then at that time to attempt passive motion, with the hope of obtaining an artificial joint. In the case given above, extension was begun immediately after each operation, and continued for five weeks without cessation. Extension tends to prevent spasm, and thus to allay pain. It also enables you more readily to keep the limb in position. Extension allows passive motion to be made to best advantage, as it keeps the sawn extremities as far apart as possible. Early and continued extension does not interfere with bony union. In this case extension was employed after both operations, and bony union resulted each time. Contrary to Mr. Adams' method, no attempt at passive motion was made. I preferred to seek for bony union. It seemed to me certain that if the limb could be restored to a good position it would be extremely useful to the patient. On the other hand, ligamentous union, or the best artificial joint that could be obtained, might be too unsteady to be useful. Again, the history of cases collected by Mr. Adams shows that, notwithstanding active and persistent efforts at passive movements made with the aid of anæsthetics, frequently bony union resulted, and that sometimes motion which had been obtained afterwards was gradually lost.

In cases of deformity at the hip, where should the section of the bone be made? Should it be made through the neck of the femur or through the shaft, below the lesser trochanter? In our case both operations were done. That through the neck of the femur did not relieve the deformity. The one below the lesser trochanter accomplished this object. The difference in the result may be best explained by the fact that the persistent deformity was due to the contraction of the psoas magnus and iliacus internus muscles. These muscles, being inserted into the lesser trochanter and the shaft of the femur below it, remained, after the first operation through the neck of the femur, attached to the lower portion of the bone, and kept the thigh flexed as before. When the section was made below the trochanter minor, the psoas then remained attached to the upper fragment of the bone, and did not interfere with the straightening of the thigh, as it could no longer influence the shaft of the bone. The section was made above a portion of the insertion of the iliacus internus muscle, which thus kept the thigh slightly flexed. This slight flexion is an advantage rather than a disadvantage. It gives a useful limb and yet allows the patient to sit down with greater ease than he could do with the limb perfectly straight. There is also an advantage in making the section as high up as possible. If the upper fragment be short, the angle made at the point of union is less perceptible, and the limb looks more natural, and can be used better than if the section was made lower down. In figure 2 no deformity at the site of the section is noticable. In making the section below the lesser trochanter, the instrument should be inserted from the outer and posterior part of the thigh, and the bone divided from without inward, so as not to injure the femoral vessels and anterior crural nerve in front and to the inner side, or the great sciatic nerve behind.

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* Transactions of the International Medical Congress, held at Philadelphia, 1876, p. 628.

In cases where the union is osseous, and the deformity depends upon the angle at which the bones are united, and not upon the contraction of the psoas muscle, and in such cases, if the neck be of normal length, not having undergone absorption or ulceration, then Mr. Adams' operation through the neck is to be preferred. The mere rotation of the fragments upon each other will serve to remedy the deformity without any gaping or angularity of the bones at the position of section.

Each case should be studied as regards the peculiarities of its deformity, the cause which produced it, the reason of its persistency, and the present condition of the bone, in order to decide where the section had better be made. A careful study should also be made of the locality selected for the section, in order to avoid injury to any important structures.

What other operations could have been done to relieve our patient of his deformity and restore his limb to usefulness?

The adhesions at the joint might have been broken by force, under an anæsthetic, and an attempt made to straighten the limb by stretching or tearing the muscular and fibrous contractions. This plan often gives good results. Some years ago I reported a number of cases to the College of Physicians (*American Journal of Medical Sciences*, April, 1867). This method sometimes is followed by more or less renewal of the old inflammation at the joint. It is, therefore, probably, more dangerous than subcutaneous osteotomy, and not so certain in its results.

Another plan is, by force to break the femur below the lesser trochanter, and then to treat the injury as a simple fracture. In the effort to break the bone, more or less violence must be done at the old seat of inflammation at the joint, with a likelihood of the return of some of the violent symptoms. The bone also cannot be broken without more or less contusion of the soft tissues. The same result is accomplished by subcutaneous osteotomy, with far less violence.

In a letter received from Dr. Gross he informs me that he believes that the operation which he has advocated, and has successfully applied to the treatment of deformities at the knee, is also applicable to the hip. He proposes, with appropriate instruments and proper care, to lift the head of the bone out of the acetabulum, by the subcutaneous method, in cases of complete anchylosis. Notwithstanding the high authority of the distinguished author, I cannot but think that in bony anchylosis he would, in some cases, find it impossible thus to move the bone from its socket. In cases of fibrous anchylosis he does not recommend the operation, lest some remnants of joint tissue should give rise to violent inflammation. My case belonged to this class.

The operation suggested and practiced by Dr. J. Rhea Barton, in which a section was made through the bone, between the trochanters, by a free external incision, while so successful in his case, is of a much more dangerous character than subcutaneous osteotomy, which accomplishes the same result by a subcutaneous wound.

The modification of Barton's operation, as done by Dr. Buck, at the knee, in which the whole joint is removed by excision, and the modification by Dr. Sayre, who removed a small section of the femur, between the trochanters, require free external incisions, and belong to the same dangerous class of operations, and cannot, therefore, be compared in safety with subcutaneous osteotomy.

We may, therefore, fairly conclude that by subcutaneous osteotomy we have an efficient means by which deformities, such as existed in the case under consideration, may be removed, and the usefulness of the limb, in a large measure, restored, without exposing the patient to any great risk to his life or health.

UNIQUE SCROTAL AFFECTIONS.

BY H. W. STREETER, M. D.,
Of Watertown, N. Y.,
Surgeon to the Jefferson County Almshouse, Insane Asylum, and Jail.

Case 1.—A white man, of middle age, good habits and health. Six months ago he received a blow in the perineum. No inflammation followed, but soon a bunch the size of a walnut appeared in the dependent part of the left side of the scrotum, and a fistule very soon formed and began to discharge, about an inch and a half in length, and a sixteenth of an inch in diameter. Upon probing this was found to extend in close apposition to the posterior part of the epididymis. The drops of exudation were offensive serum, of a slightly yellowish tint, and contained no spermatozoæ. I laid it open to the bottom, on a grooved director, and inserted tents of lint saturated in carbolized oil. A similar condition existed in the right side, and was similarly treated. In both adhesion of the sides of the sack took place rapidly, with scarcely any inflammation.

The interesting features of this case are the extreme rarity of fistule in this location, the absence of soreness or swelling, either at any time previous or subsequent to the operation.

Case 2.—A clergyman, robust and healthy, 46 years old. At the age of sixteen he received a kick in the perineum, followed by inflammation of one testicle, upon the subsidence of which a slight enlargement remained. This very gradually increased, causing little or no inconvenience except from its size, until six months prior to the operation. This, it will be noticed, is the long period of thirty years. Considerable pain then set in, and finally became so intense as to be no longer endurable.

In the summer of 1877 I was called to see the case, in consultation with Dr. J. H. Miller, of Carthage, New York. The patient had been in great distress for some weeks, necessitating the constant use of anodynes. Upon examination we found a tumor, as large as a child's head, occupying the left side of the scrotum. It was darkish-red, and mottled, and closely attached to the internal surface of the scrotum. The cutaneous surface was unbroken, though largely distended and streaked with enlarged veins. An oval incision was made, necessarily including most of the skin over the anterior aspect. The tumor was carefully dissected out, requiring a good deal of time and involving a good deal of hemorrhage. It was slightly attached, by adhesive inflammation, to the left epididymis; otherwise unconnected with either testicle, but apparently springing from the tunica vaginalis, to which it was very firmly attached. Its consistence was fibrous and cellular tissue, with a few organized blood clots interspersed. There was no broken down or suppurative cells. Absence of the peculiar pain and hardness forbade its being called scirrhus; its general appearance and slow growth were foreign to other malignant bodies. The wound was sponged with carbolized oil, and adhesion took place by first intention very rapidly, and has remained perfect ever since, a period of nearly a year. The generative functions are normal and the general health of patient is remarkably good, as, in fact, it has always been. It is an interesting feature that a non-malignant growth should be so extremely tardy in development and cause no more trouble in such a very susceptible locality, and that the testicles should be uninvolved.

BRONCHOCELE, MALARIAL HÆMATURIA, AND HÆMATEMESIS.

BY A. P. BROWN, M. D.,
Of Jefferson, Texas.

The thyroid gland occupies no sacred spot, is ductless, and, so far as we know, is useless to the economy; then why not extirpate it when diseased, or abnormally enlarged? but he who contemplates its removal should be fully prepared, by a thorough knowledge of its anatomy, and be willing to do and see a bloody operation.

Mohaila D., colored, aged about 55 years, had taken many kinds of remedies, for several years, for an ugly bronchocele, and I had attempted its resolution by hypodermic injections of tr. iodine, but the patient, entertaining the usual superstition of her race, had ceased to come to me for a long time. Her suffering increased; she had dyspnœa, with sensations of suffocation so great as to wake her from sleep with dreadful apprehensions, by reason of the lever-like pressure made by the sterno-mastoid on the tumor and trachea, with angina, from the pressure on the right recurrent nerve. Assisted by Drs. Witherspoon and Lea, I operated by a free incision from the hyoid to the sternum, and nearly vertical, and on the right side of the median line, as shown in the cicatrix. The connective tissue and fascia, which were healthy, were next divided, mostly by enucleation with the fingers and handle of the scalpel, but with an occasional cut. I preferred this slow process, that is, to ligate the blood vessels as reached, rather than to ligate the anterior jugular vein and thyroid artery, and run the risk of secondary hemorrhage, which might occur by some overlooked blood-vessels, which are very numerous in the neck. On opening the last covering the tumor seemed to pop out of the sack; it was attached to the trachea and larynx by a long pedicle, which was filled with blood-vessels; these were ligated in mass, and the tumor removed, which was fibrous and multilocular, and weighed six ounces and seven drachms; it was about the size of a goose egg. Carbolic acid solution was used freely during the operation and in after treatment, and the patient made a rapid recovery.

As to the pathology or etiology of miasmatic malarial hæmaturia, it is not my purpose to treat the disease as endemic. Neither age nor sex are exempt from its ravages; it occurs here from May to December; the symptoms are weariness, yawning, stretching, chill, fever, melanuria, cephalalgia, nausea and congestion with malæna, one or either occurring first or last, sometimes without prodroma. And after much experience I believe my treatment most certainly eliminates the poison, and fortifies the system against any resulting sequelæ, and this is certainly the greatest desideratum, to both patient and practitioner. In this climate it is generally of one of the three grades, *i.e.*, mild, severe, or pernicious; patients rarely recovering from the third or last degree; death usually occurring on the second or third day. The diagnosis is usually very easy, the many prominent symptoms following in such rapid succession as not to be misunderstood, especially after once having encountered the disease: pulse full, tongue thick and heavy-coated with brown fur. Micturition is usually easy, and the degree of color of the urine is very significant of the severity of the attack. Sudamina and vibices often occur. The great irritability of the stomach is not a universal accompaniment, and when it does occur, mustard applied externally to the stomach, morphia hypodermically, and Epsom salts given in repeated small doses, in cold or iced water, following with calomel and soda, quinine, bromide potassa and iron, cure.

Miss H., aged 16 years, blonde, full and active habit, was attacked while on a bayou, fishing. Her home was on a high hill overlooking a swamp. She had one hemorrhage from the kidneys before she could get to the house, and a second one before I saw her. I gave her morphia, calomel and soda very freely, and as soon as the stomach was relieved gave large doses of quinine, with free draughts of soda water; kept the bowels moving with sulphate of magnesia. She made a rapid recovery.

Dr. W., aged about 68, full plethoric habit, was attending a case of hæmaturia from exposure; he took cold, had a chill, and passed bloody urine; skin and eyes did not show jaundice; tongue coated with heavy bronze fur; pulse small, thready, easily compressed, and 120 per minute, and continued about this rate for four days. He had thoroughly mercurialized himself, and at his suggestion mercury and soda were given, to ptyalism. This brought out the heavy bronze color of skin, and gold color to eyes, except iris, which was dilated considerably, and bloody-colored urine. Fluid extract urva ursi, together with large doses of quinine, relieved the hæmaturia. Sulphate of magnesia was freely used to purge the bowels and the kidneys. Some griping, with mercurial congestive restlessness, occurred, which was relieved by one-eighth grain doses of morphia, given every six hours. The quinine was continued in doses large enough to keep up full cinchonism, and a saturated solution of bromide potassa, in which was dissolved two grains of ferri et pot. tartras to the ounce, was given in half ounce doses every two hours. Considering the doctor's age, he recovered rapidly, being able to attend to his practice in a month.

Miss M., aged twelve, brunette, while on a visit to her sister (and occupying a room in which was her mother with bilious remittent fever, and a cousin with typhoid fever), was taken with symptoms indicating a congestive chill, and the first urine passed showed unmistakable signs of malarial hæmaturia. The disease and its ravages were well known to her, and on my arrival I found her in a sad state of mind, full of fearful apprehensions, which a soothing, assuring talk, and some comfortable arrangements of her bed, relieved; her tongue, pulse, skin and eyes showed jaundice, yet her stomach did not seem to suffer the usual nausea of this disease. She was given fifteen grains of calomel in bicarbonate of soda q. s. and water, with ten grains of quinine and a quarter of a grain of morphia. The medicine acted beautifully. She was then kept on full and heavy doses of quinine, and given repeated doses of Epsom salts in soda water, and was up in a week. I have seen cases die inside of two days from the attack, with skin the color of a bronze statue, gold colored cornea and sclerotic, seeming never to react from the primary shock or chill.

Mr. D., aged twenty-eight years; merchant; dark hair and eyes; came to this State from Florida, where he says he had chills which produced toxæmia with enlargement of spleen. Has been having very free hemorrhages for seven years. Spleen about six times the natural size, and hard. Saw him in February; he was vomiting and purging large quantities of a very dark clotted venous blood; no pain, and says he never had any, and was only troubled by nausea, which the blood produced by its great volume in the stomach, and which was always relieved by free vomiting; pulse thready and fast, and easily compressed; skin dark, and looked slick, as if it had been oiled; eyes full, glairy, and of a bluish tint in the cornea. He insisted on having a large dose of calomel, and I gave him thirty grains, with half a grain of sulph. morphia, and mixed half an ounce of Squibb's fluid extract ergot in a goblet of water, and gave him a large swallow every fifteen minutes. This readily checked the hæmatemesis, but he complained of the taste of the ergot. I injected four syringefuls of the solution of ergot (as above) hypodermically, immediately over the spleen, by unscrewing the barrel of the instrument, refilling and replacing it, leaving the needle intact, except to retract it a little before each injection. Gave him iced lemonade and ice freely to drink and eat; applied a bag of crushed ice over the spleen and stomach, and gave the following—

℞. Quinia sulph., ʒj
Extract ergotine, gr.xx. M.
Fill twelve No. 2 capsules.
Sig.—One every two hours.

No more hemorrhages occurred, and he was able to return home on the second day after the attack, forty miles by rail and twenty miles by buggy.

ON THE TREATMENT OF CARBUNCLE.

BY GEORGE D. CROSTHWAITE, M.D.,
Of Florence Station, Tenn.

Reading in *Braithwaite's Retrospect*, for January, 1878, a report of a case of carbuncle successfully treated by free incision, I conclude to offer you three cases of the same affection treated by myself differently. It seems that the treatment of this grave lesion is still not settled, and in order that we may continue to approach a correct solution of the question reports of cases appear to be still in order.

Case 1.—Mrs. H., having long resided in a highly malarial region of the South, visited my vicinity, partly to visit relatives and partly for change of climate. Age upward of sixty years; habit very cachectic. Her health notably improved for several weeks on the change, but I was requested to prescribe for a large and painful boil on one of her gluteal muscles, which continued to grow worse for a week, when I was permitted to examine it. It was a very angry carbuncle, between three and four inches in diameter. My success in the treatment of such cases heretofore, by several methods (one of which was incision, but not very free), had been so unsatisfactory that I had resolved to try, with my next case, the great antiseptic, carbolic acid. Using such general remedies as her condition seemed to require, I used emollient poultices constantly, changing them every five or six hours; but in every instance bathing the sore with carbolic acid in water, one to twenty, before applying the poultice. The result was somewhat satisfactory. The sore assumed a much healthier appearance, and seemed improving, but she suffered a good deal of pain, which a prudent use of opium failed to relieve. She was slowly and too painfully approaching recovery, and I invited an eminent friend to see her with me. He advised free incision, but she refused to submit, and I had to continue treatment as before. She made a good recovery, and I considered, on the whole, that the treatment was more satisfactory than that I had employed in any former case.

Case 2.—J. B. appeared at my office with a carbuncle on the dorsum of a middle finger, first phalanx. It was as large as could grow on the place, and so painful that he had not slept for several nights. He was forty-five years old, of good constitution, and fair health. I painted the surface of the sore freely with concentrated carbolic acid. Upon inquiring if the application gave him pain, he said no; that it felt better than it had felt for a week. Ordered poultices constantly, the caustic to be repeated on each change of poultice. Saw him a week afterward, and his carbuncle was gone and well, and he informed me that he had not a particle of pain after the first application of the remedy.

Case 3.—I. J. W., age 58, plethoric, lives pretty high and don't like doctors. Had a large boil, so-called, on the right side of his face, with which he suffered intensely for eight or ten days without medical advice. He finally sent for me in great haste, on account of alarming hemorrhage from the sore. Found him with an immense carbuncle, between three and four inches in diameter, at the point above indicated. It had a great many openings, two or three of which were bleeding profusely. Erysipelas, partly phlegmonous, surrounded the sore, had extended to the left side of his face, so as to close both eyelids, and reached, on the right side, as low as the clavicle; pulse 120 and temperature high. With a small probe which I whittled out of soft wood, I inserted into each of the bleeding holes saturated solution of subsulphate of iron, which readily controlled the bleeding. Gave him very freely, for thirty-six hours, permuriate of iron, and sprayed the erysipelatous surface frequently, alternating subsulphate of iron and carbolic acid and water, 1-40. Painted the whole surface of the carbuncle freely, four or five times a day, with concentrated carbolic acid, with constant poultices. One night he had severe pains in his face, which were relieved readily by hypodermic morphine. He progressed, from twenty-four hours after commencement of treatment, slowly and steadily to recovery, without a pain at any time, except the paroxysm mentioned above. It is hardly necessary to add that in all the sloughing, which was unavoidable in so large a carbuncle, neither my patient nor his nurses were for one moment annoyed by any worse smell than that of carbolic acid. My cases are, of course, too few to found a confident prognosis upon, but I should expect a similar result in any case of carbuncle which was not so grave as to be necessarily fatal, and I feel quite confident that any case which can be cured with incision can be cured without it. At any rate, I shall be very glad to get, through the Reporter, the experience of such physicians as may deem it worth while to try this method.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Proceedings of a Conversational Meeting, held Jan. 9th, 1878, at the Hall of the College of Physicians, Prof. Henry H. Smith in the chair.

Dr. H. Lenox Hodge read a paper on "Subcutaneous Osteotomy,"* illustrated by a case of anchylosis at the hip-joint following the third stage of morbus coxarius, with the characteristic distortion existing in a marked degree, in which the femur was sawn through the neck, and also through the shaft below the lesser trochanter. Perfect recovery followed, with the bone at an angle that is adapted for walking or sitting with comfort. On concluding the paper, the lecturer remarked that Professor Smith had called his attention to a point which he considered of importance. We have in these cases bony union occurring after division of the neck of the femur, even when attempts were made to prevent it, while in older persons, after fracture of the neck of the femur, union is a thing of such rare occurrence as to be almost unheard of.

On motion of Dr. Stetler, a vote of thanks was unanimously given to Dr. Hodge for his valuable and interesting paper.

Dr. John H. Packard inquired what would have been, in the case mentioned, the objection to subcutaneous section of the tendon of the iliacus and psoas muscles, and breaking up the adhesions under an anæsthetic? He thought it would give a more useful and, perhaps, stronger limb than osteotomy.

Dr. Hodge replied that the child has a perfectly strong limb. The insertion of the psoas and iliacus extends along the femur for some distance below the lesser trochanter, and its division would require a larger wound than he desired to make, besides the risk of injuring important structures in its immediate vicinity. In addition, the force requisite to break up the adhesions would set up again the old inflammation of the joint. In answer to a question from the chairman, he stated that a five pound extending weight was used after the section, and the limb treated as in simple fracture of the femur.

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* Given in this number.

Dr. Packard remarked that he was unable to think of any important structures that would be endangered. The only way to perform the operation would be to pass the knife from the inner side, in the intermuscular space back of the adductors, and to carry its point around the trochanter minor, so as simply to divide the tendon. The trochanter can be felt in almost any person, in thin persons very easily, and its location exactly determined.

The Chairman observed that the fact of bony union occurring in these cases is a very interesting one. Bony anchylosis occurs in spite of the efforts of the surgeon to obtain a false joint, although the point of artificial fracture is within the capsular ligament. The question that has been raised in fractures of the neck of the femur, comes up very appropriately. How does the upper fragment obtain its nutrition?

Dr. Hodge. One point to be considered in these cases is that the structures of the joint are very much altered by disease. The round ligament is usually destroyed, long before any operation is advisable, and the bone has acquired other sources of blood-supply by contracting adhesions to surrounding structures.

Dr. Cheston Morris mentioned a case, an old lady, eighty years of age, where it was deemed impossible to obtain bony union after fracture of the femur, but the bone did finally unite, at a bad angle, making an ugly deformity. We must not overlook the fact that bony union may take place even in old persons.

Dr. Packard, some years ago, had examined all the specimens of reputed bony union following intra-capsular fracture of the neck of the femur that could be found, either in the collections in this and other cities, or in private hands; he had also examined the records of all such cases that he could find reported.* He came to the conclusion that the fracture, in cases of osseous union, was originally external, or extra-capsular, and the cervical portion of the upper fragment had become absorbed, from interference with nutrition. The line of union is seen and is perfect. But what becomes of the outer part of the upper fragment, between the trochanter and the head of the bone, has not yet been shown. He had been, with Drs. Hewson and John Ashhurst, Jr., on a committee to examine a specimen exhibited to the College of Physicians of this city, and they came to the conclusion that it was a "genuine bony union of an impacted intra-capsular fracture of the cervix femoris."†

Dr. Benjamin Lee, in rising to move a vote of thanks to the lecturer for his valuable paper, differed, in two points, from its teachings. In the first place, that "it is better to follow the plan of Mr. Adams, and divide the neck of the femur," in certain cases under consideration, than to perform the operation just described. The discomfort of a perfectly rigid femur in an exact line with the axis of the body, especially in sitting, as alluded to by the lecturer, is very great, even when we have motion in the knee. This is, to a certain extent, avoided by making the section below the neck, and the irregularity of outline can easily be concealed by the clothing. Secondly, the lecturer appeared inclined to think that osteoclasty was likely to be followed by the lighting up of inflammation. There are a number of cases reported by Professor F. Rizzoli, of Bologna, where the osteoclast was used with the best results. Singularly enough, the object of the operation, as performed by that gentleman, was not the restoration of the limb to its normal length, but the shortening of the sound limb to an equality with the affected one. From general experience in cases of ordinary fracture, it would seem not a difficult task to allow the limb to retract the necessary amount after this operation. My friend, Dr. C. F. Taylor, of New York, has improved the method of Rizzoli. If the attempt were to be made to use the upper part of the limb as a lever in producing this fracture, undoubtedly harm might result, but with proper means of fixation upon the upper fragment excellent results may be obtained, and my impression is that this will be the future operation in these cases, in place of the knife or saw.

Dr. Hodge replied that it is hard to break a bone like the femur just at the point you desire, especially so high up, and there will be more contusion and injury of the soft parts by such procedure than by the simple operation discussed here this evening. But time and additional experience will determine the comparative merits of the operation.

Remarks on Physical Exercise.

Dr. John H. Packard, in a short paper, advocated the importance of physical exercise as a means of preserving health.

Dr. Cheston Morris. The question for us to determine, as physicians, is this: How much exercise can our patients take with benefit? I have found that any amount of exercise, such as walking, that is found to give the patient an appetite will be useful, and I frequently tell my lady patients that they may go out and exercise as much as they choose, provided they come home hungry. On the other hand, when they come home tired and want to lie down, they have carried it to an injurious extent.

Every function of the body should be performed with pleasure. There are a great many persons weak by nature, or invalids, who have a pressure of work thrust upon them. The cares of a family, anxiety about business, and actual labor, are more than they can physically support. These people need rest, more than exercise. The trouble is, we generally overdo the matter, and instead of resting, we rush to gymnastic exercise, when we find strength failing. If I am right, that all the functions of the body should be performed with pleasure, arising from a consciousness of power and satisfaction in employing them, whether it is our duty to do a certain work will depend upon our ability to perform it. When the strength exists, we usually find the desire, except among lazy people, and many so considered are, in fact, sick. I remember well a clergyman who was much censured for his inactivity and listlessness; the only duty he performed, in the line of his calling, was an inefficient attempt at taking charge of a Bible class. He became gradually more feeble, and finally died, apparently, like Colley Cibber, "to save himself the trouble of shaving." The autopsy revealed Bright's disease, of long standing. I find a safe rule, as to amount of exercise to be taken, or of work to be done, is contained in the formula: "I can, I want to, I will." Too often people, especially good Christian people, reverse or change this natural order, and make it, "I ought to, therefore I can and I will," or "I want to, therefore I can and will," or "I will, therefore I can." Such resolves are apt to result in a failure to accomplish the best work in our power, even if they do not, as they too often do, produce disease.

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* See *American Journal of the Medical Sciences* October, 1867.

† *American Journal of the Medical Sciences*, April, 1870, p. 395.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Employment of Mercury.

Dr. John Kent Spender says, in a recent number of the *British Medical Journal:—*

What a loss it is that popular, and even some professional, prejudice hinders the full rational employment of mercury. Trousseau describes a rheumatic inflammation now and then limited to a single joint; but there is a single arthritis of a severe kind in which there is no rheumatic pyrexia, and which is treated in a rapidly beneficial way by the administration of mercury in small and frequent doses. Take a case which has occurred to me within the last few days. The cook in a gentleman's family was seized, at four o'clock one morning, with a most agonizing pain in the shoulder-joint, accompanied by some swelling. I saw the patient a few hours afterward, and found all the symptoms highly developed; the pulse was slightly quickened, but the thermometer was raised only half a degree. Iodide and acetate of potassium were given in a mixture, and two grains of blue pill, with a little Dover's powder, every two hours. After eight pills, a slight fetor was smelt in the breath, and they were at once suspended; but the relief of pain was very striking. The other medicines were continued for a short time longer, and the healthy mobility of the joint was quite restored within a week.

A mild course of mercury is often of great use in certain forms of chronic bronchitis in elderly people. There is just enough secretion to impede the free passage of air; there is a slight dusky hue of skin, a teasing cough, and often disturbed nights. Putting out of sight the remoter dangers of this state of things, it is clear that an embarrassed pulmonary circulation means delay in the general circulation, limited excretion, and imperfect tissue change. Ultimately, therefore, bronchorrhœa not only impedes air reaching the blood, but impedes blood getting to the air. An occasional brisk aperient is most useful in counteracting this condition; but three grains of blue pill every night (with perhaps a little powdered digitalis and squill) go to the root of the mischief, and should be continued while the gums are in the slightest degree sore. Constitutional weakness or diathesis may, of course, forbid this treatment; and after the age of threescore and ten it is not to be thought of. Again, during the middle period of life repeated catarrh in the chest may engender a spasmodic state of air-tubes, a quasi asthma, not very unlike the real disease, and sometimes leading up to it. It is very necessary to arrest this chronic inflammation before the habit of spasm is definitely fixed; and to this end no remedial plan contributes so much as mercury administered carefully for a short time, provided that all other hygienic measures are steadily carried out. These points of practice were illustrated about twenty years ago by Dr. Theophilus Thompson, and more lately by Dr. Thorowgood.

The slightest suspicion of a "tubercular predisposition" would negative the propriety of any mercury being given internally. But I remember as a student the curiosity and wonder excited by Dr. Graves' mercurial treatment of acute miliary tubercle of the lungs, as related in his clinical lectures. Few disciples were so daring as the master; and it may be admitted that Dr. Graves' cases might have been grouped now under the head of syphilitic phthisis.

Another grand therapeutic use of mercury is in the management of some superficial diseases of the skin. All itching papular eruptions may be beneficially treated with perchloride of mercury; arsenic is poison to them. Some varieties of lichen are more controllable by perchloride of mercury than by any other medicine; and the same drug often drives away chronic forms of urticaria. There are few therapeutic combinations more valuable than perchloride of mercury and colchicum, especially in that chronic eczema in which the neurotic element of irritation causes trouble; and, in relapsing pemphigus, arsenic and per chloride of mercury together will sometimes succeed when the former alone has failed.

Influence of Pregnancy on Suckling.

In reference to a case recently at the Hôpital des Cliniques, Prof. Depaul took the opportunity (*Rev. Méd.*, February 18,) of strongly impressing upon his class that the continuance of suckling after pregnancy had manifested itself, whatever the effect might be on the mother, acted most injuriously upon her infant. First, the quantity of milk diminishes, and the child, though suckling for a long time, no longer obtains the quantity of nutriment which it requires. Its stomach not feeling satisfied with what it has received, in place of going to sleep after a copious repast, as usual, the child cries and becomes restless. If, in spite of these signs, the mother continues to suckle, more alarming symptoms are produced. Digestion is disturbed, and, after each suckling, instead of some pure milk flowing out of the mouth after the breast is taken away, as may be observed in infants who are quite well, actual vomiting takes place, and a large mass of not yet coagulated milk, which the stomach cannot tolerate, is rejected. The stools, too, exhibit characteristic modifications, and instead of passing two or three of these in the twenty-four hours, the child now passes several, so as to amount to diarrhœa. In some cases there may be, however, constipation. The discharges are themselves abnormal in their appearance. In place of appearing somewhat thickened, and resembling in color and consistency a boiled egg, they may be quite fluid, of an appearance just like spinach water; at other times they are less fluid and brownish; and in other instances, again, both in color and consistence they exactly resemble glaziers' putty. They are accompanied by a more or less considerable quantity of mucus, according to the amount of intestinal irritation, and there may be present streaks or even true drops of blood. Sometimes the amount of milk does not seem to have materially diminished, for it is not uncommon to find it issuing abundantly on pressure being made. This may give rise to error, as it only proves that the gland performs its function actively; but weighing the infant will show that it derives from this milk an utterly insufficient amount of nutrition. Chemical analysis fails to show us what is the modification which the milk undergoes through pregnancy, rendering it unfit, even when in sufficient quantity, for the nutrition of the child; but that such a modification does take place is beyond all doubt, and is, indeed, sufficiently shown to exist by the marked repugnance which the infant may exhibit to the breast. Prof. Depaul has met with three or four remarkable examples of this. In one of these he was sent for by a young woman, whose infant, which was quite well, and had up to then been well nourished, had for some time past absolutely refused to take the breast. Tried in his presence, after having abstained from food for some time, it would not suckle; but no sooner had a nurse who had been sent for made her appearance, than it seized her breast with avidity. On interrogating and examining the mother he became convinced that she had become pregnant. "The conclusion to be drawn from these facts is, that whenever a woman asks you whether, having become pregnant, she ought to continue to suckle her infant, you should reply in the negative, and advise her to procure a nurse. For you may be certain that the disturbances of which I have just given you but a very faint sketch, if they have not as yet been produced, will manifest themselves before long, to the great detriment of the child's health."

Intra-uterine Injections of Hot Water for Hydatids.

Dr. Lombe Atthill, of Dublin, gives the following suggestive case in the *British Medical Journal*:—

On the 18th of December last I was asked to see a lady stated to be threatened with a miscarriage. She was a very delicate woman, a member of a family of whom several had died of consumption, she herself having suffered from ulcer of the stomach. On my visiting her, she stated that she had reached the twelfth week of pregnancy, had that morning been attacked with hemorrhage, but was quite free from pain. On making a vaginal examination, I found the uterus to be of the size corresponding to the three months of pregnancy, and the os very slightly dilated. I ordered an ounce of the infusion of ergot to be given every third hour, and enjoined absolute rest. Everything went on satisfactorily for some days; the hemorrhage ceased; she suffered no pain, and felt so well that I had much difficulty in inducing her to observe the recumbent posture. On the 20th she began to go about; and on the 21st, having stood about a good deal, hemorrhage again set in, this time profusely. On seeing her after the lapse of some hours, I found her very weak. She had lost a great deal of blood, and it continued to flow. The os was about the size of a threepenny-piece. There was not any pains, and nothing could be felt inside the os. I decided on plugging the vagina, and recommended the exhibition of ergot.

The next morning I removed the plug, and was disappointed to find that no portion of the ovum protruded; but the os uteri was more patulous, and something soft could be felt inside it.

As she began to lose blood again, I decided to dilate the os and remove the ovum. With this view I introduced a large sponge-tent. This I removed in six hours, but was again disappointed at finding that no ovum could be detected, while the hemorrhage continued and no uterine action had been excited.

Matters were now becoming serious. The patient had become very weak. Evidently the uterus must be emptied of its contents, whatever it was, and the hemorrhage checked. After some hesitation I decided on trying the effect of hot water, and accordingly introduced the tube of a Higginson's syringe into the uterus, and injected about a pint of water at the temperature of 112°. This, within ten minutes, induced uterine action. The pains were very sharp; and in a short time a mass, which on subsequent examination proved to be hydatids, was expelled. No further hemorrhage occurred for about six hours, when, pains again setting in, slight hemorrhage, followed by the expulsion of another mass of hydatids, occurred. From this time no further trouble was experienced. The lady made a rapid recovery.

In this case I was quite uncertain as to what the contents of the uterus might be. I had not previously heard of hot water being injected in cases of abortion; but my experience of it in *post partum* hemorrhage was so favorable, that I resolved to try it in this case; the only other alternative being either plugging the vagina again or the continuing of the process of dilating the cervix. Either of these courses seemed to me, under existing circumstances, to be by no means free from risk.

On Localization of Function in the Brain.

Dr. David Ferrier reviews this subject in a recent lecture, an abstract of which we find in the *Medical Press and Circular*. He states that Dr. Hughlings-Jackson was the first to indicate the motor functions of certain convolutions, irritation of which was the cause of unilateral convulsions. The late Dr. Bright had arrived at a conclusion that unilateral convulsions, where consciousness is retained, are due to a lesion in the opposite hemisphere, and in this he was followed by Dr. S. Wilks. Hughlings-Jackson observed that convulsions were not due to transmitted influences, but to discharges. In the motor regions the gray matter is the essential part, as proved by the experiments of Fritsch and Hitzig. It has been asserted that it is impossible to localize the irritation, but this is not so. The recent researches of MM. Frank and Pietres have shown that the theory of physical conduction to subjacent ganglia is altogether untenable. The gray matter reinforces excitations. With respect to the conclusions drawn from extirpation of the cortex, there is a want of unanimity among physiologists. This is owing to the fact that the results of experiments in different orders of animals are not strictly comparable with each other, or directly applicable to man. After the removal of a portion of the cortex, all movements below the purely voluntary are more or less intact, as being more or less independently organized in the lower centres. The only essential effect of cortical lesions is paralysis of truly voluntary motion, or motion involving conscious discrimination. Thence, though a dog's paw may not be paralyzed as an organ of locomotion, it is permanently paralyzed for all persons for which it is used as a hand. As physiological experiments demand strict topographical accuracy, it is essential the same be observed in the case of disease in man. From deficiency in this respect most of the older records of cerebral disease are valueless. Physiological experiment at present is far ahead of pathological knowledge, and but for experimental physiology pathology would not have succeeded in establishing much beyond general indications.

Lesions of the frontal lobe are not accompanied by motional or sensorial disturbances in monkeys. Many clinical cases are on record of both sudden and slowly progressing disease of the perforated lobes without paralysis of either sensation or motion. The lecturer then gave details of the famous American crowbar case, where a crowbar, one inch and a quarter in diameter, and three feet, seven inches in length, and weighing thirteen and a quarter pounds, was driven under the zygomatic arch, and through the left frontal region, with a distinct orifice of entrance and exit. Photographs of the bar and of the skull were exhibited. After the man had recovered from his temporary surprise, he walked up a long flight of stairs, and gave a distinct account of the accident. He lived twelve years afterward, and died in epileptic convulsions. The only change in him was a mental one. From being a steady, industrious, hard-headed foreman, he became quite unfit for his place. He was capricious, vacillating and demoralized. He was, as it were, a boy in full possession of his passions. In fact, he was morally deteriorated, and his friends said he was not himself at all. Lesions made in the frontal lobes of monkeys were followed by a distinct diminution of their intelligence and curiosity, and of their faculty of attention; and they were either motionless, or their movements were purposeless, and merely restlessness. Similar lesions on man were followed by like symptoms, and by the impairment of attention, so far as they have been observed.

Comparative Action of Opium and Morphia.

Dr. I. Ott gives the following comparison in a recent paper:—

Opium *en masse* causes a sleepy, nearly narcotic action, quickly disappearing, while morphia produces a deep and prolonged sleep. Morphia disturbs the stomach more than opium and its action is more prolonged. Opium is in some cases better borne than morphia; in others the reverse happens. After either opium, or morphia there is a period of excitation which, in the case of morphia, soon passes into sleepiness, while after opium, this excitement lasts longer. Opium causes a more lasting tingling in the skin than morphia or codeia, and constipates more than morphia, but does not cause as much diaphoresis. Morphia increases the urinary secretion more than opium.

Dr. Eisenmann, of Würzburg, has shown that opium increases the curative properties of all the heroic remedies, and diminishes their toxic. Bernard found that a subcutaneous dose of morphia causes the amount of chloroform for purposes of anæsthesia to be smaller in quantity.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——Messrs. H. C. Watts Co. have published, for gratuitous distribution, a "Biographical Sketch of the late George H. Napheys, M.D., with the Opinions of Various Eminent Contemporaries on the Value of His Works to the Public." The first sixteen pages are taken up with an interesting sketch of his brief and brilliant career, and the remainder of the pamphlet with a number of personal testimonials from distinguished physicians, educators, authors, clergymen, etc., on the merits of his contributions to popular sanitary science. The array is remarkably strong, convincingly so, we should think. The pamphlet may be had by addressing the publishers, 506 Minor street, Philadelphia.

——We return thanks for the following:—

Philadelphia City Mission Directory, 1878.

Announcement of Lectures at Toland Hall, Medical Department, San Francisco.

Sixty-fourth Report of the Massachusetts General Hospital.

The Proposed Substitution of the Metric for our own System of Weights and Measures. By Persifer Frazer, Jr.

Report of the Resident Physician of Brigham Hall, Canandaigua, New York, for 1877.

Lithotomy. By Dr. David Prince, Jacksonville, Ill.

Progressive Near-sightedness in School Children. By W. Cheatham, M.D., Louisville, Ky.

Annual Report of the Board of Cattle Commissioners of Rhode Island.

A Review of the Treatment of Fracture of the Femur. By Edward Brock, M. D., St. Louis, 1878.

House and Street Drainage. By Rudolph Hering, C. E.

Annual Report of the Health Officer of Philadelphia for 1877.

——The Medicinal Plants Indigenous to Michigan are described in a pamphlet of 25 pages, by Dr. A. B. Lyons, of Detroit (reprinted from the Detroit *Lancet*). It is a creditable study.

——A successful instance of the treatment of femoral aneurism by intermittent pressure is reported by Dr. Theodore S. Varick, of Jersey City, in a reprint from the New York *Medical Journal.*

——The Therapeutical Society of New York have commenced issuing their proceedings in pamphlet form, so that they can be bound into a volume at the close of the year.

——Dr. George B. Walker, of Evansville, Indiana, in a pamphlet of 33 pages, gives a series of observations in practice, surgery, gynecology, and especially obstetrics, drawn from a professional experience of forty-six years. He narrates a number of rare cases, and makes some valuable practical deductions.

BOOK NOTICES.

A Practical Treatise on Aural Surgery. By H. Macnaughton Jones, M. D., M. CH., F. R C. S. I., and Edin., Surgeon to the Cork Ophthalmic and Aural Hospital, etc. 12vo, 172 pp., with one lithographic plate and forty-five wood cuts. J. and A. Churchill, London, 1878.

This handbook is designed for the busy practitioner, and student attending lectures. The author is a prominent surgeon of Cork, Ireland, and President of the South of Ireland Branch of the British Medical Association. In his work the author avoids, as far as possible, reference to matters which are in doubt, or of no practical importance to the physician in active practice; but those who desire to enter more fully into the subject, he refers to the more exhaustive treatise of Turnbull and Roosa, and expresses his thanks to the former for many valuable hints and suggestions. The following is an outline of the contents of this work, which is written in a pleasant style, and one to be easily understood. Chapters I and II, "Methods of Examination of the Ears, and The Latest and most Improved Instruments and Apparatus for so Doing." Chapter III, "Hereditary Influences Causing Deafness." Chapters IV and V, "The Membrana Tympani, its Examination and Diseases." Chapter VI, "The Eustachian Tube," etc. Chapter VII, "Artificial Membrana Tympani; its Varieties, and How to Apply Them. Myringotomy and Paracentesis of the Membrana Tympana." Chapter VIII, "Tenotomy of Tensor Tympani, Indications for, and the Various Methods of Performing the Operation." Chapter IX, "Aural Polypi and their Removal." Chapters X and XI, "Trephining the Mastoid Process," etc. Chapter XII, "Eczema, Aspergillus, Epithelioma." Chapter XIII, "Othæmatoma, or Sanguineous Tumors of the Auricle, with a Special Treatment by Dr. Atkins, of Waterford Insane Asylum," which he states has been tested, during the past nine years, in some hundreds of cases. Chapter XIV, "Deaf Mutism." Chapter XV, "Bathing as a Cause of Deafness," and classification of 1500 cases of aural disease. In this chapter there is also an interesting article on the use of medicated vapors within the tympanic cavity. Our author recommends only vapor of iodine and of chloride of ammonium, introduced by means of the hand-spray apparatus, but objects to steam, which is so apt to scald the nose of the patient. After a careful examination of this little work, we would recommend it most highly, as a concise and useful epitome of modern aural diagnosis and therapeutics. It will be found just what is wanted by the general practitioner.

The Physicians and Surgeons of the United States. Edited by William B. Atkinson, M.D., etc. Philadelphia, Charles Robson. pp. 788. Price $10.00.

Carlyle has somewhere said that the only part of history which can have real interest to a reader is biography. It might be added that no part of it is more difficult to study with satisfaction. The movements of great armies and the varying fates of nations and cities are written in such broad letters on the scroll of time that they leave scarcely room for dispute. But the acts of the individual, his real character and his governing motives, are not much known, even to his contemporaries, and are wholly lost in a generation or two, without special effort for their preservation. Hence, we may justly say that he who endeavors to record these ere they have passed from memory does a most meritorious service to history.

Our own profession in this country have been fortunate in having able contemporary historians. We may first mention the venerable Dr. James Thacher, whose life, stretched to ninety years (1754–1844), covered our first century of medical history, and whose "American Medical Biography," published in 1828, remains a model work. Then we have Dr. Williams' "Medical Biography," and the standard volume edited by Dr. S. D. Gross on the same subject.

The one before us, issued under the competent supervision of the well known Permanent Secretary of the American Medical Association, is a fit sequel to these. It embraces brief sketches, drawn chiefly from first sources, of about 700 living physicians and surgeons of this country. The selection is judicious, and although an occasional disproportion in the records is noticeable, this can hardly be avoided in a work of the kind, on account of the frequent difficulty in obtaining information. Three indexes, one of names, one of localities, and one analytical, referring to topics, are added. The last mentioned has been an immense labor, but is of more than proportionate value. The numerous medical topics mentioned in the biographies are here classified so as to show conspicuously how varied and thorough have been the contributions of American medical men of this generation to science.

While the editor has thus done his work above criticism, there is left some reason to complain of the quality of paper used, which is speckled and inferior; and the impressions of several of the steel plates are blurred and careless. With these exceptions, the book is all that it should be.

Atlas of Skin Diseases. By Louis A. Duhring, M.D. Part III. Philadelphia, J. B Lippincott & Co.

This very fine Atlas, in its third part, furnishes representations of eczema squamosum, syphiloderma erythematosum, purpura simplex and syphiloderma papulosum and pustulosum. They are admirably executed, and with a fidelity to the natural appearances that is striking. The advantages of such faithful reproductions are most obvious, for no amount of verbal description can convey a true idea of these eruptions. We may repeat what we formerly said, that these illustrations are all from life, nearly full size, and chromo lithographed in the best manner. It will be complete in eight or ten parts, and is sold at the uniform price of $2.50 per part.

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THE ORIGIN OF THE LOWEST FORMS OF LIFE.

The advocates and opponents of spontaneous generation have been continuing their discussion in the English and Continental papers, with a zeal which not unfrequently passes into acrimony. That staid and scientific professors, grave and eminent seniors, should fall to calling each other hard names over the question of the genesis of bacteria, must cause the judicious to grieve and the general public to smile. None is more conspicuous for this weakness than Prof. Tyndall, who, in his later answers to Dr. Bastian, does himself much discredit by the supercilious and insolent tone he adopts.

Meanwhile, an important fact has been observed by Dr. A. Downes, which must materially influence the interpretation of many of the experiments of both parties. It is the influence of light on the development of these lower organisms which are engaging so much attention, and the life history of which is assuming such importance in connection with the pathology of disease. The observations relate to the effect of light on the origin and development of bacteria, and have led to the remarkable and interesting conclusion that solutions otherwise fertile may be completely and permanently sterilized by the action of light alone.

The demonstration of the fact was simple. A set of test tubes were filled with the same Pasteur's solution, and placed in identically the same conditions, with the exception that some were protected from light by being encased in sheet lead. All were placed outside a window with a southeast aspect. The experiment was made at midsummer, so that there was abundance of light. In the tubes protected from the light the liquid in a few days became turbid, the turbidity being due to the presence of numberless bacteria. The solution in the exposed tubes remained for several weeks perfectly clear, and under the microscope no organisms could be discovered. This experiment was repeated over and over again, and with almost uniform results. When, however, the amount of sunshine was small, the development of the bacteria was, sometimes, only retarded, not entirely prevented. The greater the amount of sunshine the greater the sterilizing effect, and a few days of full sunshine were sufficient to prevent entirely the development of the bacteria. It was demonstrated, however, that the diffused light of a room had a similar, although less powerful, influence.

These results were laid before the Royal Society of Great Britain, and have received much discussion from medical and scientific journals. There is no doubt but that the effect of the light was to prevent the development of the bacteria by direct action on them and not on the fluid; as, when subsequently placed in the dark and fertilized, these minute organisms appeared in quantities.

Another remarkable fact was discovered in investigating the effect of exhausting the air from the tubes previous to insolation. The removal of air was found by TYNDALL to sterilize PASTEUR's solution effectually, and the explanation appears to be that the absence of oxygen is incompatible with the existence of the bacteria. So potent is the effect of the removal of oxygen, that it was found that all experiments to ascertain the influence which removal of surrounding air had on these experiments on light failed when PASTEUR's solution was employed. Urine, however, was discovered to be far less readily sterilized by a vacuum, and by employing urine the remarkable fact was discovered, that in the absence of an atmosphere around the tubes, light exercises no sterilizing influence whatever. Specimens of the same urine, insolated to the same degree, but preserved in vacuo, became turbid from bacteria as rapidly as others encased in lead.

Such experiments show conclusively that agents are at work in the evolution of organic forms, which, as yet, we but partially appreciate, and that it is altogether premature to swear by the dictum of either party to the question. We must wait and study.

NOTES AND COMMENTS.

Delayed Ligature of the Funis.

The *Medical Times and Gazette* says that Dr. Budin, while interne at the Maternité, came to the conclusion from his investigations that it is better not to tie the funis until one or two minutes after the complete cessation of the pulsation. By tying it immediately after birth we, in fact, prevent the child deriving about ninety-two grammes of blood from the placenta. Now, as Welcker, Bischoff, and others, have shown that the weight of the blood of a new-born infant amounts on a mean to 270 grammes, or about a thirteenth part of the weight of the body, abstracting ninety-two grammes may be considered as equivalent to bleeding an adult of the weight of sixty-five kilogrammes to the extent of 1764 grammes. Dr. Hélot, Surgeon to the Hospice at Rouen, has since examined the subject with the intention of showing whether the infant really acquires this blood, by counting the globules of blood by Hayem's method, and by weighing the infant immediately after birth before dividing the cord, and then again when the cord has ceased to beat. By these means he found that there was an increase of 209,632 globules, and an addition to the weight of the child of fifty-three grammes. He therefore thinks that in normal cases rapid ligature of the cord should be entirely rejected, this operation not being performed until some instants after respiration has been completely established.

On Hallucinations.

Dr. H. Maudsley says, in a recent lecture, that one striking feature observed by medical men who have had cases of hallucinations under their charge, is that the patients cannot be convinced that the objects they see, the sounds they hear, and the smells they perceive, have no real existence, and that the sensations they receive are the result of their excited nerves. It frequently happens that a person who suffers from hallucination in respect of one sense, has the others unaffected, and is on all other matters perfectly sane. Hearing is most frequently affected, and sight next. Several interesting cases were referred to; one of a gentleman actively engaged in business, who believed his body continually gave an unpleasant odor, and consequently kept away from everybody as much as he could, and when he was assured that people did not perceive it, always replied that they were too polite. Hallucination may arise either from an idea on which the mind has dwelt, appearing as something exterior, or from excitement of the sensory ganglia. It is said that Newton, Hunter and others, could, at will, picture forms to themselves till they appeared to be realities. A successor of Sir J. Reynolds, Dr. Wigan records, had the power of painting portraits after seeing his sitters but for a short time at one visit only, and was able at will to reproduce them to himself as exterior realities. As years advanced, he found he could not dismiss these forms as he could recall them, and he began to fancy himself haunted, and was for many years in an asylum.

The Influence of the Uterus in Eye Diseases.

Mr. H. R. Swanzy, at a meeting of the Obstetrical Society of Dublin, read a paper with the above title, an abstract of which is given in the *British Medical Journal*, February 23d, 1878. Popularly known as "womb-blight," the relationship of uterine affections and eye diseases among "old women" is not unknown. Mr. Swanzy believes that the reason why the profession knows but little upon the subject, is chiefly the fact that few opthalmologists are experienced gynæcologists, and *vice versa*. The first disease Mr. Swanzy connects with the uterus is iritis, in young girls from eleven to seventeen years of age. Dr. Freund, of Breslau, had stated he had found in many ophthalmic cases post-mortem uterine lesions. In the discussion which followed, Dr. Macan drew attention to the loss of sight occasionally attendant on pregnancy.

The International Sanitary Congress at Paris, in 1878.

The complete success which attended the meeting of the Sanitary Congress at Brussels last year, induced some of the leading members to express strong wishes that the next meeting should be held at Paris, this year, during the Exhibition. The King of the Belgians also announced his intention of offering, at the next Congress, a gold cup to the corporate body, association, or individual who, by ameliorating the dwellings of the lower classes, succeeded in reducing the mortality among these classes. The Queen also offers a gold medal for the most successful efforts in the preservation of life in orphanagas. Dr. Lionville, member of the Chamber of Deputies, who was a delegate of the French Government at the Brussels Exhibition, brought the subject before the Paris Society of Public Medicine and Hygiene, where it was very warmly received, and a committee was appointed to confer with the Ministers of the Republic, and has succeeded in obtaining their patronage. It is therefore about to enter actively upon the organization of the Congress.

Treatment of Varicocele by Retroclusion.

The able Manchester surgeon, Mr. S. Messenger Bradley, says, in the *British Medical Journal*:—

I find the following simple procedure an efficient method of treating varicocele. Pass a long and strong hare-lip pin between the veins and the scrotal walls, bringing the point of the pin close beneath, but not through, the scrotum; then make the point retrace its course, but passing now behind the veins, until it emerges near the puncture through which it entered. In a word, by employing that form of acupressure known in the Aberdeen School as the method of retroclusion, a varicocele may be effectually compressed and the veins obliterated.

CORRESPONDENCE.

The Therapeutic Uses of Salicylic Acid.

Ed. Med. and Surg. Reporter:—

I have read with interest the frequent and contradictory contributions to your journal on the therapeutical value of salicylic acid, and its preparations in acute rheumatism, and have concluded to give my limited experience in that direction, believing, by so doing, I may contribute somewhat to the establishing of this new, and I believe important remedy in its proper place in our medical armamentarium.

I have used it in about a dozen well marked, beside a number of milder cases, and all were more or less benefited, and in most of the cases its beneficial effects were most decided. Many of them were entirely relieved within the first week, which your readers are aware are results that could scarcely be hoped for under any other mode of treatment. In none of the cases treated with salicylic acid were there heart symptoms developed. Nor have I been so unfortunate as to meet with any of the dire effects following its use described by several of your contributors, though I have watched carefully for them since reading those articles. My mode of prescribing the acid is according to the following formula, which forms the salicylate of soda :—

℞.	Acidi salicylici,	ʒj
	Spts. eth. nit.,	f.ʒvj
	Sodæ bicarb.,	gr.lxx
	Spts. lavand. comp.,	f.ʒij
	Aquæ,	f.℥ij
	Syr. aurantii corticis, q. s. ℥vj.	M.

Sig.—One teaspoonful every three or four hours.

In preparing this prescription I mix the acid and the spirits of ether in a bottle, which forms a solution, then add the soda, and afterward the water, gradually, and after effervescence ceases the spirits of lavender and syrup. This prescription agrees well with the stomach, and is pleasant to take; which is no small consideration in these days of homœopathic granules and fashionable elixirs. In illustration of the favorable report I have given, I will append the notes of several of the most marked cases.

Case 1.—J. K., aged forty, laborer. Saw him first June 1st, 1877. Found him with high fever, pulse 120, tongue heavily coated, and bowels constipated. Both ankles and knees, and one wrist much swollen. Ordered saline cathartic, Dover's powders as required to relieve pain, and the above prescription to be given every four hours. Also joints to be bathed with equal parts of spirits of turpentine and camphor, and enveloped in cotton.

June 2d. Found patient with less pain and fever, and feeling generally more comfortable.

June 3d. Still improving.

June 4th. Walking around in the house, without fever, and but little pain or swelling of joints. On the 5th, he walked two miles to his sawmill, and returned on the 7th with a relapse of all his symptoms, though with less severity. Prescribed same as before, and discharged him convalescent on 13th, and has had no return of malady since.

Case 2.—Mrs. J. B., aged 19. March 24th, 1878. Found swelling of both knees and left shoulder. Prescribed same as in Case 1, and on my return, on 25th, found some improvement, which continued steadily until I discharged her on 30th, without a trace of her sickness, excepting some general prostration.

Case 3.—A. S., aged 7. First visit April 4th, 1878. Found much swelling and pain of ankles and wrists, high fever and frequent pulse; in short, all the symptoms of a severe attack of acute articular rheumatism. The attack had commenced three days before I saw her, and was consequently well developed. Ordered the same treatment as in Cases 1 and 2, except as to dose of acid mixture, which I gave in doses proportionate to the age of patient. On my next visit, April 5th, I found my patient much improved. I continued treatment and discharged her entirely relieved, on the 8th.

I might give the history of more cases, but consider it unnecessary, as it would only be a repetition of those already given. Some, of course, were not as soon relieved as others, but all, so far as I can now recollect (for I have not the notes of all the cases), were benefited, and the majority entirely relieved within the first week.

I am aware that the small number of cases I have given are of but little value by themselves, in way of proving the specific value of this medicine in acute rheumatism, but, taken in connection with other reports, may prove of some good to your readers, and I feel confident, should this article induce any who have not already done so to try it, I will have done something toward the relieving of suffering humanity, and my report will have accomplished all that I hoped for.

J. A. Houts, m.d.

Logansville, Pa., April 10th, 1878.

Anæsthesia by Rapid Respiration.

Ed. Med. and Surg. Reporter :—

The writer's thesis, under the above title (written July 6th, 1876), was awarded the "J. M. Toner gold medal," at the commencement of Jefferson Medical College, Philadelphia, March, 1877. "Bonwill's method" was carefully investigated, and the results and conclusions were given in the paper alluded to, from which the following remarks are principally derived.

Dr. Bonwill's method is described in *Pennsylvania Journal of Dental Science*, for February, 1876. He found that air, "drawn into the lungs, in quantities three or four times as great as required by the body," was capable of producing anæsthesia sufficiently profound to render minor surgical operations painless. Dr. Bonwill could only account for the anæsthesia by giving the credit of its production to a superoxygenation, or a surplus of nitrogen, or to a mixture of the two. The author concluded, from numerous experiments, that—

1st. Breathing full, at ninety to the minute, will produce anæsthesia of the surface of the body in less than five minutes, so that a pin or needle thrust half an inch into a limb is not felt. (This is Bonwill's method).

2d. This anæsthesia is not due to "a surplus of oxygen, or of nitrogen, or of the two combined," but follows from the rapidity of the breathing, according to laws certainly known since the beginning of this century.

3d. The rapidity of the breathing induces the anæsthesia by the following sequence :—

(*a*) By their over-action the blood of the body is determined toward the lungs. [Any muscle or organ violently exercised for a short time, receives a surplus of blood; a well-known fact]

(*b*). The blood having assumed this centripetal determination leaves the surface of the body.

(*c*). When the surface of the body is deprived of its blood, superficial anæsthesia supervenes. Wardrof, in 1819, produced anæsthesia for surgical operations by venesection until the surface was completely blanched (See Gross'

Syst. Surg., Vol. I, p. 575. Sec. ed.). Within a few months superficial anæsthesia has been produced by the application of Esmarch's bandage, rendering the parts anæmic.

In fact (*c*) might be made more general, as—

(*d*). A part completely deprived of communication with the trunk by blood supply or return will be anæsthetized. But (*d*) is not necessary, from the fact that for an amputation, the surgeon will depend on an established anæsthetic. The complete withdrawal of the blood from a part involves an anæmia of the nerves, which probably is the direct cause of the anæsthesia.

With these facts before him the experimenter can account for the congestion of the lungs; the tingling first felt at the extremities and extending toward the central organs; the labored action of the heart; the clammy sweat and cool surface produced by Bonwill's method. He will also understand the return of the natural status after the discontinuance of the rapid breathing.

The fact that the lungs and central organs have the blood of the body thrown upon them, awakens the careful surgeon to the danger of the indiscriminate application of the "method."

A. H. R. Guiley, m. d.

South Easton, Pa., April 8th, 1878.

A Case of Arsenical Poisoning Treated with Dialysed Iron.

Ed. Med. and Surg. Reporter:—

I send you the history of a case of arsenical poisoning which occurred in this city, thinking it may interest some of the readers of your valuable journal. On the 22d day of March last I was summoned to visit Mrs. J. A. McK. (a married woman about twenty-four years of age), who, the messenger said, had taken arsenic with suicidal intent, and immediately repaired to her dwelling. She was reclining on a lounge, attended by her husband and several female acquaintances, a picture of anxiety and distress. Her haggard face, clammy skin, and feeble pulse plainly indicated the necessity of prompt medical assistance. As gastric pain and uneasiness, with continual hiccough, were already prominent symptoms, I offered her some water, and noticed that the power of deglutition was considerably impaired. Having no antidote with me, I wrote on a slip of paper, "Wyeth's Dialysed Iron," and giving it to her husband directed him to a drug store near by, where I knew he would find this reliable preparation. In a few minutes he returned, and I administered two or three tablespoonfuls of the solution, each well diluted. She showed no inclination to vomit; but a mixture of powdered alum and ground mustard, in conjunction with tepid drinks and tickling of the fauces, caused the stomach, after a while, to eject its contents freely and fully. The remaining treatment consisted in the employment of remedies calculated to lessen irritation and strengthen the nervous system—milk, opium and small doses of the iron, for a period of twelve hours. I was, of course, unable to determine the exact amount of arsenic which my patient swallowed; but I think certainly ten or fifteen grains, judging from her own statement and the appearance of the partly emptied package, which was accidentally discovered before I left. She recovered in a few days.

H. N. Caner, m.d.

Freeport, Ill.

Card from Professor John J. Reese.

Ed. Med. and Surg. Reporter:—

In my article on "Medical Expert Testimony," in your issue of April 20th, I, unknowingly, made an erroneous statement concerning the recent decision of the Supreme Court of Indiana, in relation to the compensation of medical experts. I there stated that I had learned that Judge Lowry, of the Supreme Court, had sustained the action of the lower Court, denying the right of the medical expert to any special compensation.

I have since received official information which enables me to correct this error. Judge Lowry's opinion was given in the Superior Court, and *not* in the Supreme Court, which makes a very material difference. The Supreme Court, in fact, reversed the decisions of both the inferior courts; Judges Worden, Perkins, and Howk concurring, and Judges Nibleck and Biddle dissenting.

I make this correction with the greatest pleasure, inasmuch as the above judicial decision places the State of Indiana on record as the first (I believe) in the Union to do justice to the medical profession in this matter. May we not hope that it will be regarded as a precedent by the other States? Very respectfully yours,

John J. Reese.

226 S. 21*st Street, April* 29*th.*

News and Miscellany.

Medical Society of New Jersey.

The one hundreth and twelfth annual meeting of the Medical Society of New Jersey will be held in the Monmouth House, Spring Lake, on Tuesday, May 28th, at half-past seven p.m., and will continue in session the following day.

Wm. Pierson, Jr., *Secretary.*

International Medical Congress for 1878.

Amsterdam has been fixed on as the place of meeting for the sixth congress, and a committee has been formed, consisting of the following members, to make all the arrangements—*President*—Professor Donders, Utrecht. *Members*—Dr. Van Capelle (La Haye); Dr. Fabius, Professor Hertz, Professor Stokvis, Professor Tilanus, Dr. Zeeman (Amsterdam); Professors Heynsius (Leyden), Huet, Huizinga (Gronigen), Koster (Utrecht), Rosenstein (Leyden), Sanger (Gronigen), Snellen (Utrecht); Dr. Ramaer (La Haye). *Secretary-General*—Dr.

Guye (Amsterdam). The Congress will last one week, commencing Sunday, September 8th, 1878; the official languages will be French and German. All communications relative to the Congress should be addressed, before June 1st, 1878, to the Secretary-General.

The Oldest Man in the United States.

The Cleveland, Ohio, *Herald*, of the 24th ult., says:—

On Monday, the 24th, the village of Lodi, Medina county, did honor to Lomer Griffin, its oldest inhabitant, and probably the oldest living human being in the United States, by observing the 119th anniversary of his birthday. The Lodi House was made the scene of the festivities. Early in the afternoon Mr. Griffin, in company with his wife, made his appearance at the hotel, feeling sprightly and well, having walked from his home, which is quite a distance removed from the hotel, and considered himself ready to receive the congratulations of all his friends. Young and old had turned out in town to see that the celebration was properly observed, and quite a number of people had come from abroad to participate in the festivities.

We should be glad to have a careful description of this veteran, and also an examination into the authenticity of his age.

Items.

—The Supreme Court of Alabama has decided that a physician may be called upon to give a medical opinion in a trial without a compensating fee.

—For the first time, probably, in the memory of any living physician, a case of yellow fever ending fatally is reported in London. The case was seen before death, in consultation, by Dr. Murchison; and both the symptoms before death and the anatomical conditions after death clearly established the nature of the case. It was contracted on board a West Indian steamer in which several deaths had occurred.

Personal.

—A statue to Harvey, the discoverer of the circulation of the blood, is to be erected at Folkstone, England.

—Professor Lister is not having the success in London which his admirers hoped for him. He lectures to almost empty benches.

—Dr. Le Moyne, in a recent interview, speaking of the bill before the legislature to abolish his crematory, expressed a hope to live long enough to burn some of the law makers.

—M. Leon Voillemier, a distinguished French surgeon, died recently, after a long and successful career. Appointed *interne* of the Paris hospitals in 1837, he took his degree in 1842, became assistant professor (*agrége*) in 1844, and shortly afterward surgeon of the hospitals.

—Dr. Nathan Bozeman has been appointed to the staff of the Womens' Hospital, New York. He takes the place of the late Dr. Peaslee. Drs. Emmet, Barker and Thomas are the other members of the staff.

—It is said that M. Pierre Picard is to succeed Claude Bernard in the chair of physiology at the College of France. Picard, at present a professor at Lyons, was for a long time Bernard's assistant, and has published valuable researches on the constitution of the blood corpuscles.

QUERIES AND REPLIES.

Operating Under Shock.

MR. EDITOR:—Dr. —— was called to see a boy, eleven or twelve years old, who had received a severe injury to his hand, so that amputation was necessary, the hand being badly crushed and torn. At the end of an hour the boy had lost five or six ounces of blood, was faint from the shock of the injury, and his pulse was sixty-five. Was it proper to operate then, or wait until further reaction had taken place? The bleeding was under control.

MARRIAGES.

GILLIFORD—LAUGHLIN.—By Rev. T. V. Milligan, March 28th, at the bride's home in East Liverpool, O. R. H. Gilliford, M.D., of Allegheny, Pa., and Miss Allie Laughlin.

LUDLOW—REED.—At the residence of Dr. Garretson, 278 West Eighth street, April 10th, by the Rev. Eben Halley. Dr. W. B. Ludlow and Mrs. Mary A. Reed, all of this city.

O'NEAL—HAY.—On the 23d instant, at the residence of the bride's parents, in this city, by the Rev. William H. Munroe, Walter H. O'Neal, M.D., of Gettysburg, Pa., and Martha A., third daughter of Alexander Hay, Esq.

PIERSON—NORRIS.—On Wednesday, April 24th, at Church of the Ascension, by Rev. Dr. A. B. Carter, Henry C. Pierson, M.D., of Roselle, N. J., and Julia P., youngest daughter of the late Daniel S. Norris, of New York.

SEIDEL—SELTZER.—At Reading, Pa., by B. Bausman, D.D., H. Clay Seidel, of Gibraltar, and Josephine C. Seltzer, only daughter of Dr. John H. Seltzer, of Philadelphia.

DEATHS.

BUHRMANN.—In Philadelphia, on Tuesday, April 9th, at 3.30 P.M., Dr. John M. Buhrmann, aged thirty years.

DAVIS.—In Philadelphia, on the 8th instant, Dr. T. Rusling Davis.

FISHBURN.—In Philadelphia, Monday, April 1st, at 9 o'clock P.M., Louisa Billiods, beloved wife of Dr. C. D. Fishburn, in the thirty-fourth year of her age.

HAMMOND.—At Frankford, Philadelphia, on the 26th instant, John W. Hammond, M.D., in the seventy-fourth year of his age.

HOFMANN.—In Philadelphia, on the 17th instant, M. J. Hofmann, M.D., aged seventy-five years.

HOUARD.—In Philadelphia, on the 24th instant, John G. Houard, M.D.

RADE.—On the 21st of April, 1878, Maria C. Rade, daughter of Dr. John C. Rade, of Charleston, South Carolina, and sister-in-law of the late John G. Pierie, of Philadelphia.

DOCTOR RABUTEAU'S

(Laureate of the Institute of France.)

DRAGEES, ELIXIR & SYRUP

Of Proto-Chloride of Iron.

"The experiments made in the hospitals of Paris have demonstrated that *Dr. Rabuteau's Dragees, Elixir and Syrup* regenerate the red globules of the blood with a rapidity never observed with the use of the other ferruginous preparations. These results have been proved by the various *Compt-Globules.*

"The ferruginous preparations of *Dr. Rabuteau* do not cause any constipation, and are perfectly tolerated by the weakest persons."—*Gazette des Hospitaux.*

Dr. Rabuteau's Elixir is prescribed when some difficulty is experienced in swallowing the Dragees; it is especially adapted to weak persons, whose digestive functions need strengthening or stimulating.

Dr. Rabuteau's Syrup is especially prepared for children, who take it readily, because of its agreeable taste.

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(Laureate of the Faculty of Medicine of Paris. Prix Monthyon.)

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"They constitute one of the most energetic *anti-spasmodic* and *hypnotic* medicines."—*Gazette des Hopitaux.*

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N. B.—*Dr. Clin's Gluten Capsules* are very rapidly dissolved in the stomach, and should be preferably employed for a long treatment, and when the administering of Bromide of Camphor at a great dose would be considered as beneficial.

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Much attention has been given to this subject in Europe and India.

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In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

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"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.
C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*
S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.
DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.
GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

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908 East Cumberland St., Philadelphia, Penn.,
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"F. A. GAMAGE, M.D."

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M.D.,
Superintendent Walnut Hill Asylum, Hartford, Connecticut.

In examining any phase of inebriety, the reader should remember that we are dealing with an exceedingly complex and variable neurosis; less marked to ordinary observation than almost any other form of insanity, except in the later stages. The early symptoms are prominently masked, and seldom recognized unless the patient is under frequent observation. When the disorder has existed for years and become chronic, the presence of disease is not disputed, but of the early stages, the crudest theories of science and theology are advanced in explanation. We present the following as an answer to many inquiries in relation to a premonitory stage or period preceding inebriety.

Is there a continuous chain of symptoms, or pathological connection, from the time of the first alcoholic poisoning to the advent of marked inebriety, that may be grouped and studied?

In examining the early causes of inebriety, we are often surprised to find how vividly the first intoxication, or condition of alcoholic poisoning, is impressed on the memory of the patient. When every other occurrence is vague or confused, the peculiar impressions received at this time are clear. This is a significant hint of a pathological condition, or change in the system at this time, influencing all the future. Our inquiries, based on a number of cases, seem to indicate three groups, which are more or less distinct in the early periods. The first one is marked by a long premonitory stage, in which comparatively harmless drinks are used, such as sodas, cider, small beer, etc., either preceding the first intoxication, or following for months or years before inebriety comes on. The second group have no special preliminary symptoms, either after the shock of intoxication or before it. Frequently they are rigid abstainers, and almost fanatical temperance men, but when they begin to drink go down precipitately.

A third group seem always on the verge of inebriety, using beer and alcohol constantly. In their conversation and manner they usually indicate a disturbed mental and physical condition. Generally the progress of the case is very slow, and always attended with doubtful and uncertain symptoms. The first narcotism, coma, or intoxication following the use of alcohol, seems to be the starting point for various lesions, and undoubtedly acts as a shock, profoundly impressing the organism. In some cases the march of the disorder from this period is without interruption, and readily traced; in others it is obscure, with long intervals and diversions; and in a certain number of cases the first complete intoxication is followed by a condition of repulsion, both physical and mental, and total abstinence ever after.

The term inebriate is usually applied when alcohol is used to excess continuously or in paroxysms, without the control of the patient, or apparently so.

The following cases are presented as illustrating some of these groups:—

Case 1.—Inebriety from Nutrient Excess in Childhood.

A. B., a lawyer, born of healthy and very wealthy parents; through childhood he was indulged in every luxury of the table that money could furnish. At sixteen he suffered from acute dyspepsia, from which recovery was very slow. During college life he was under constant medical treatment for this affection. At twenty-four he was junior partner in a large law firm, and worked very hard. He ate carefully, used cider and various stomach remedies at this time, was ambitious, and lived temperately. Two years later he married and began to drink wine at dinner. The dyspepsia passed off and he commenced to live luxuriously; wine, beer and various bitters were used regularly, and only one hearty meal a day was taken; all other times of eating were irregular.

During the next two years he grew stout, and became more fond of good dinners, and was called an epicure. On one occasion of much excitement he drank to intoxication and helplessness, at the house of a friend; a low, nervous fever followed for several days, depending in part on grief at his situation, and the shock to his system. The next six months he drank nothing but cold water, and manifested great disgust for alcohol. During this time his disposition suddenly began to change; he would become abstract in his manner in the midst of company, change the subject abruptly, manifest rudeness and neglect, or go away by himself, and give no explanation. Then he began to drink tea and coffee, particularly after any special exertion and fatigue.

A year later he entertained a delusion of some stomach disorder, that no physician could understand, and sought strange remedies, from strange sources, patronizing quacks, and consulting fortune-tellers, etc.

The changes of disposition were more pronounced, and his manner became impulsive and jerking. He began to drink wine at dinner, and occasionally very hard at night. His temper varied, often from one extreme to the other. He advocated beer selling, and made strong speeches in favor of its use; at this time he professed to be a temperance man, denouncing all drinking other than ale or wine. At times he was excessively emotional, particularly at home with his family.

Being elected judge, he seemed to improve and have more control over his temper and emotions. A few months later, after much excitement, he drank to intoxication in his room, giving no explanation or reason, or never referring to it afterward. Often he would come home nervous and excitable, and impulsively drink coffee, tea, etc., and sometimes wine, walking the room for hours before retiring. The next day he would appear on the bench, and be perfectly self-possessed; occasionally he would answer a lawyer sharply; or in charging the jury, after defining the law with great clearness, give way to a burst of sympathy that was noticeable. Usually he drank nothing until evening, sometimes eating very little for a day or more, then indulging in a sumptuous dinner, with wines, etc. He complained of wandering pains and exhaustion at times, and took much medicine, usually strong tonics.

All unexpectedly he manifested a great ambition to become a member of the legislature, and resigned his judgeship, and went over the district electioneering. Failing, he drank to excess for a week or more, then signed the pledge and began to lecture on temperance. From this time all his habits became more irregular, and weeks were spent in hunting and fishing; wine and whisky were used regularly, but rarely to intoxication. His mind and memory failed, and he became unreliable in social and business relations. Six years from the time of the first intoxication he was a periodical inebriate.

Note.—The rich diet of early life produced a train of disorders, first manifest in dyspepsia, then in perverted nutrient desires. From the time of the first intoxication there was a continuous chain of symptoms indicating progressive degeneration of both the mind and body.

Case 2.—Inebriety from Excesses Following Sudden Wealth and Changed Circumstances.

C. D.; no history of parents; a hard working manufacturer; in good health; living temperately. By a fortunate patent he soon amassed a large property. The excitement and irregularities of his new situation developed a taste for wine and porter. He became profoundly intoxicated; then signed the pledge, but drank soda, lager beer, and cider. All at once his manner and character changed; up to this time he was a credulous, generous man, of mild, easy disposition, and careful of his reputation; then he became suspicious and exacting; sometimes very generous, then extremely parsimonious; also impulsive, unreasonable, and involved in business quarrels with all his associates. He drank whisky at meals regularly, was reckless of his reputation, bought and drove fast horses, and frequented the society of fast men, and was an inebriate, apparently without any control of himself.

His wife was injured, and died. On her deathbed he promised to stop drinking. For one year he has continued sober, although his manner and character remain the same.

This case is noted for the prominence of its symptoms, and the sudden cessation of drinking caused by the presence of profound grief. In all probability they will appear again. This patient attributes all his drinking to the adulterated wine that produced the first intoxication.

The following are examples of the second group:—

Case 3.—Inebriety from Some Obscure Cause, Beginning with Mental Shock and Grief, etc.

E. F., a literary man and author; no clear history of parents; probably healthy; was a temperate man, living frugally and working hard. Having written a popular book, which made him famous, he occupied a very enviable position in the world. In the height of his prosperity his wife and child died. After the funeral he retired to his room, and for weeks refused to be seen by any one; then suddenly he drank to intoxication. From this time he began to write short stories on insanity, painting the most harrowing pictures of persons who were conscious of darkened reason, etc. Then, after drinking very hard for a time, he became a temperance man. Later he wrote another book, which attracted no attention, and two years after found employment gathering items for a daily paper. Nothing prominent was noticed, except an occasional outburst of temperance enthusiasm, or paroxysm of drinking, which ended only when his money was gone, followed by another period of sobriety; and so for two years, when he died from pneumonia. In this case many of the symptoms were obscure and unnoticed. In some of his writings there are traces of morbid impulses and delusions.

Case 4.—Inebriety from Inheritance.

G. H., a commercial traveler, in good health and temperate. His father was a moderate drinker, and his mother was hysterical; he was advised by a physician to take brandy for some obscure trouble. Six months after he became intoxicated, and so violent as to be locked up. After this he became a strong temperance man, and leader in different lodges. Nothing was noticed about him unusual, except a morbid desire to indulge in all games of chance, playing cards, and buying lottery tickets, and being prominent at raffles, etc. Three years later he began to drink to excess, and suddenly became a furious inebriate—drinking at all times and places. In this case all the symptoms were not prominent, until at last they burst out in uncontrollable drunkenness. In the third group inebriety seems present at all times, yet there is an absence of many symptoms, and a general uncertainty of progress, which favors the idea of vice, rather than disease.

Case 5.—Inebriety from Bad Surroundings.

I. J., a farmer, of healthy parents, a vigorous, temperate man. Went into the hotel business, sold liquor, and was avaricious to make money. After a time he became very much intoxicated, then drank daily for years; always exhaling a strong odor of alcohol, with face and eyes congested, and step unsteady; at night his voice was hoarse. His mind was clear and capable of conducting business, and his health remained about the same. He claimed to be an example of a moderate drinker who could stop at a certain limit, or having his body well under subjection, etc., attending church, and appearing to be a good citizen and Christian man. He was an ardent admirer of horse races, and spent much money and time supporting them; a few years later he became reckless of his reputation and manners, and exhibited the presence of many delusions; then drank very hard for months before death.

Case 6.—Inebriety From Exposure and Overwork.

H. L., a physician, with insanity on his mother's side; healthy; well educated, and a strong, temperate man. Settled in a rough country district, and boarded at a country hotel. Was very ambitious and worked hard, driving night and day, neglecting all healthy habits of living. Began to use alcohol, to keep up when business was pressing, and during a season of much excitement became helplessly intoxicated. On recovery he signed the pledge, and continued sober for months, then began to drink again, but this time with great regularity, carrying a bottle in his pocket, and using it at intervals, reasoning that it supplied him with lost energy which his system demanded. He grew careless of his appearance, and excessively jealous of his neighbors in the profession; his mind lost its former poise, and he either was strangely dogmatic or childishly credulous. His manners were impulsive and his disposition irritable, and the delusion of being able to stop any time filled his mind. Four years later he became paralyzed and died.

In both of these cases the patients seemed conscious of their condition, but always asserted they were able to stop, and were never intoxicated after the first attack; they were regular drinkers, and were not called inebriates in the meaning of that term. They both possessed delusions, and exhibited early alterations of character and habits. To the superficial observer, their drinking had no elements of disease in it, but was more the result of vicious habits under control. Such patients always encourage this delusion of self-control, and are free to give reasons explaining their condition. Often there is a strange indifference to their condition, which is significant of profound disorder.

All these cases were under the care of various physicians at different times, and were treated for dyspepsia, rheumatism, and diseases of the heart, etc. All reference to the real cause, alcohol, was dismissed with the simple advice to abstain. In this way such cases are not observed until they have passed into a chronic form. The changes of the faculties are also not noticed, because the intellect seems to be as acute as ever. Only a close observation reveals the blunting of the moral nature of the man; his truthfulness particularly being changed to unblushing prevarication, and often his modesty turns into great presumption. An inclination to lead a fast life, to indulge in games of chance, a credulity that is unusual before, are important hints that cannot be mistaken. The friends and physicians who have charge of such cases should not be deceived, but act promptly, with a full understanding that the disorder is one of great uncertainty, and always more or less masked. In all these cases the memory of the first intoxication was clear, but of events after more or less obscurity prevailed.

In Case 1, the first complete intoxication exploded, as it were, a long train of events, and fixed the form of future manifestation; the progress of the case from this time on was steady and marked.

In Case 2, the changes following the first intoxication were sudden and well marked. Also the equally abrupt termination, from some powerful impression on the nervous system. This was a check in the march of the disease, from which it will break out again with renewed energy.

In Cases 3 and 4 the symptoms were more or less masked, but the progress of the disorder continued as before, ending at last abruptly. Such cases are quite common.

The other two cases represent a large class of very respectable men, who seem to possess a repelling element, keeping the symptoms in abeyance. They are examples of a dangerous class, who frequently betray all confidence of friends, and all unexpectedly break down in some condition of great weakness and depravity.

The practical facts which these cases seem to indicate are, that in all cases of inebriety a premonitory stage has existed; usually dating very prominently from the first attack, or condition of intoxication. Sometimes it precedes this event with great significance. The wise physician should always study such cases pathologically, and treat them with promptness and energy.

A NEW APPLICATION OF THE OPEN METHOD IN TREATMENT OF SURGICAL WOUNDS.

BY J. J. JONES, M.D.,

Of Little Rock, Arkansas.

Read before the Little Rock and Pulaski County Medical Society, April 6th, 1878.

I am a strong advocate of the open method of treating surgical wounds, as it relates to those cases ordinarily recommended for its employment by the standing and floating literature of the day. I propose, however, in this paper to relate, as indicated by the caption, a case in which I accidentally practiced a "new departure" from the prescribed rules of its ordinary application.

December 6th, 1877, I was called in the country to see Mrs. K., in labor with her first child. She was aged about nineteen; narrow pelvis; general cachexia; farmer's wife, and living in an Arkansas river swamp; subjected to, and suffering from, malarial influences all of the past summer and fall. She had apparently been in labor thirty-six hours previous to my arrival, but her mother, apprehending it to be premature, administered anodynes, and deferred sending after medical aid. I found the woman very much exhausted, and the child's head bulging against the perineum. The vaginal orifice was exceedingly small, and all the soft parts quite rigid. I had but bare time to make these observations, and form unfavorable forebodings for the result, when a violent expulsive pain ushered, irresistibly, into the world a large, living female child. Necessary attention to both mother and child kept me employed for some minutes, after which I expressed to the family my conviction that the lady had sustained some injury to the perineum, and insisted upon an examination. But her earnest entreaties to be let alone caused me to leave the case in the hands of her mother, who expressed an ability, and promised to make early inspection and report.

On the 12th, six days after the occurrence, a messenger came to inform me that the woman had sustained some injury. With my friend, Dr. Sayle, of Lewisburg, I immediately repaired to the house of the patient, and found my worst fears realized. A complete rupture through the middle of the raphe, including sphincters, and extending for more than an inch up the rectum, was the result.

Now a great deal has been said and written about the *primary* and *secondary* operations for this injury, but for this *intermediate* point I knew no name or precedent to guide me; but finding the parts in a healthy state of granulation, I thought of that period in which the wounds of amputation are drawn together after the stage of suppuration following the open treatment, and simply applied the rule here, only scraping off a few exuberant granulations, and approximating with quill sutures, according to Thomas' operations, with the same author's after-treatment. I was much gratified to find, in a very few days, complete union resulting, and without further suppuration.

Certainly, the same principles which govern the method in question are embodied in the treatment—although accidental—of this case. And when we consider the many valid objections urged against the *primary* operation, among which is the great nervous prostration and general physical exhaustion of the patient; the danger of strangulation (more or less, according to the kind of sutures employed) from swelling, excessive lochia, and vaginal secretions, with other objections existing or likely to occur at this period; and also when we, in the same connection, consider the disadvantage and discomfort of putting an otherwise healthy woman upon a rack of torture, by compelling her to take her bed for treatment, under what is known as the *secondary* operation; also the hemorrhage and difficulty of denuding an extensive surface, and the invitation for renewed and perhaps excessive hyperæmia which the act involves; our attention should be attracted by any treatment which promises a modification of any of these objections. I believe this single case strongly illustrates such a promise.

We have here a case which has passed the stage of vascular engorgement, all swelling and excessive soreness subsided, physically recuperated, and mentally prepared to understand and appreciate the importance of the operation, the knife ignored, and the patient takes on no additional burden by the conviction that her confinement will be lengthened beyond the natural "lying-in" period. Compare this condition with those objections urged against the primary and secondary operations, and I think you will agree with me that this is the time for surgical action.

Mankind is said to be given to extremes, and in presenting this case involving the consideration of an *intermediate* theory between the two extremes of a certain operation, I am only evincing a spirit of conservative surgery which I would be glad to see more extensively cultivated.

TREATMENT OF EPILEPSY.

BY S. H. BARHAM, M. D.,

Of Caledonia, Texas.

I desire to call the attention of the profession to the treatment of a case of epilepsy of more than thirty years' duration with the bromide of potassium and the sulphate of atropia. While the case was not under notice a sufficient length of time to test fully the merits of the drugs (the patient having died of an intercurrent affection), the treatment was followed by such a marked amelioration of symptoms as to warrant its continuance, I think, for an indefinite period.

I was summoned, October 13th, 1876, to S. T , male, aged 37, who was suffering from a simple fracture of both bones of the right leg, the result of a fall while carrying a heavy load of wood. The fracture had occurred four days previous, and the medical attendant not having discovered the extent of the injury, the limb was very much swollen, and it was with difficulty that the precise nature of the fracture could be ascertained. With the assistance of my brother, Dr. J. H. Barham, the bones were placed as near in apposition as the swollen condition of the limb would allow us to determine, and the plaster-of-paris dressing applied, made unusually strong and thick by several layers of bandage, to suit the particular circumstances of the case.

The patient was an epileptic, and was supposed to have fallen during a fit. The previous history of the case, as derived from a younger brother, in whose charge he was at the time, was but meagre and unsatisfactory. From him I learned, however, that the convulsions had appeared at the age of six years, and, with the exception of an interval of two weeks, had recurred daily—sometimes only two or three, but many times a dozen or more each day—from their first occurrence to the present time. There was no history or evidence of any injury to the head. There was no aura preceding a paroxysm, though I was informed that, in his boyhood, immediately preceding the paroxysm he invariably called to his mother, showing that, in the beginning, there probably was some premonition. With regard to lesions affecting the cerebro-spinal system, viz.: paralysis, persistent pain in the head, disturbance of intellect, etc., the previous history furnished no evidence of such origin. In fact, but little could be gained from his previous history; and, in the absence of any evidence of a traumatic origin as a cause for his epilepsy, we concluded to give him a trial of the drugs above mentioned, in accordance with the clinical teachings of Professor L. P. Yandell, Jr., of the University of Louisville, as the violence of the paroxysms would preclude the possibility of a union of the fracture without some mitigation, or else a resort to a confinement more rigid than even the plaster-of-Paris bandage could be made. Accordingly we had prescribed for him—

℞. Potassii brom., ʒvj
Aquæ, ℥xij M.
Fiat sol.
Sig.—Tablespoonful three times a day.

℞. Atropiæ sulph., gr.j
Aquæ, Oj M.
Fiat sol.
Sig.—Teaspoonful three times a day.

My notes of the case show that the paroxysms grew less severe daily until the sixth day of treatment, when they disappeared altogether, and were held in complete suspension for the period of twelve weeks, the patient taking the medicine regularly and without any increase of the dose of either the atropine or the brom. potassium.

At the end of this period the dressing was removed from the limb, and all further medication ceased, notwithstanding my desire for a further trial of the remedy, and a solicitation that the treatment might be continued, even at a trifling cost. I would here remark, by way of parenthesis, that the patient had been for a number of years a pauper upon the county, for whose care and keeping there was regularly paid from the county treasury twenty dollars per month.

At the next session of the Commissioners' Court the patient was transferred to the keeping of a gentleman, a former practitioner of medicine, who, knowing the result of the previous treatment, was desirous that a further trial of the remedy should be made, and accordingly applied for a prescription on the 24th of February, 1877. The patient had had a return of his epilepsy about a month, and at this time was having three paroxysms daily.

Treatment was begun as before, the patient taking the $\frac{1}{128}$ of a grain of the sulphate of atropia, and fifteen grains of the bromide of potassium three times a day.

On the 25th there were two convulsions; on the 26th, two; on the 27th, two; on the 28th, one, rather severe; on March 1st, two; on the 2d, two. On the morning of the 3d the dose of the bromide of potassium was increased to twenty grains three times a day, the dose of the atropine remaining as before, which was followed on that day by some premonitory symptoms, but no convulsion.

Saw the patient again on March 12th; no convulsion since the 2d. On this day was noticed the eruption on the neck and shoulders, from the effects of the bromide of potassium, and he was ordered a cathartic at night and a suspension of the medicine for one day. On the 13th the cathartic acted harshly; no convulsion. On the 14th the eruption disappeared; resumed the medicine, but he had one convulsion, very severe. Ordered the patient to have a cathartic without a suspension of his medicine in the future, when the characteristic eruption should appear. On the 20th he had one convulsion, very light. On April the 6th and 7th, 13th and 14th, 20th and 21st he had one each day, about the same hour; some slight muscular twitching, which did not amount to a paroxysm. Observing the tendency of the paroxysms to follow a septenary periodicity, I ordered the patient to have, on the 28th, fifteen grains of the sulphate of quinine, in three doses, given at an interval of two hours, commencing eight hours before the expected paroxysm, which was followed at the usual hour by the most violent convulsion since the beginning of treatment. Ordered a discontinuance of the quinine and an increase of the bromide of potassium to twenty-five grains three times a day, and the sulphate of atropia to the $\frac{1}{85}$ of a grain three times a day. No convulsion until May 4th, when he had one, exceedingly light. Increased the potassium to thirty grains and the atropia to the $\frac{1}{64}$ of a grain three times a day. No convulsion until October 2d. On this day, at noon, having exercised rather violently and become very much overheated, he bathed his face, chest and arms in cold water, which proceeding was followed almost instantly, even before he could take a seat, by a very violent convulsion. On the 3d, one. On the 4th increased the potassium to thirty-five grains, the atropia remaining as before; no convulsion.

On January 2d, 1878, I was notified that the patient was not doing well—was stupid and drowsy, and with difficulty could be kept awake. I called on the same day and found him in bed and sleeping. With some difficulty succeeded in arousing him sufficiently to have him occupy a chair and answer questions, but the disposition to sleep was so great that he would sleep while conversing with him; had been in this condition two days. There was no eruption from the potassium; no dryness of the fauces nor difficulty of swallowing; no dilatation of the pupil; bowels constipated and tongue covered with a very thick, white coating; breath exceedingly offensive; pulse feeble and temperature 99° Fahr.; some aphasia and a slight paralysis of the lower limbs, the patient being unable to stand or walk without help. He complained of no pain whatever.

I at once diagnosticated softening of brain substance, from suspended nutrition, caused by the prolonged use of the bromide of potassium. Ordered a brisk cathartic, and a reduction of the potassium to thirty-five grains twice a day, and a corresponding reduction in the atropia. January 4th, slight improvement; tongue cleaning; temperature 98.5° Fahr.; other symptoms unchanged. Ordered a further decrease of the potassium and atropia to a dose once a day, and the patient to be aroused twice a day to empty his bladder. From this date there was no appreciable change in any of the symptoms until the afternoon of the 10th, when, finding that the patient had passed no urine in twenty-four hours, I introduced a catheter and succeeded in withdrawing only about ten drops. He died early on the morning of the 11th. At the autopsy, performed twenty-four hours after death, the kidneys were found softened, disintegrated, and filled throughout their substance with small yellow particles half the size of millet seed, and resembling, in appearance, minute globules of oil. The brain and its membranes, and all other organs, were in a perfectly normal condition.

As regards the immediate cause of death in the case, there can be no doubt that it was the direct result of the poison urea which the softened, disintegrated kidney failed to secrete and excrete, although there was no marked odor of urine about his person, nor was there any convulsion before death. This will explain the coma; and the poison, acting upon the nerve centres through the blood, will also explain the paralysis Would the prolonged use of so powerful a diuretic as the sulphate of atropia act as an exciting cause in producing disintegration of the tissue of the kidney? Or would the quieting effect of the bromide of potassium over the nervous system cause it to succumb any more readily? While there might be a possibility of such an effect in the former case, I cannot believe the latter cut any figure in the final termination, as was evinced in the very marked improvement in the mental condition during the suspension of the convulsions: the patient changing from a condition but one degree removed from an idiot to that of a reasoning, thinking being, who would converse with you about his condition, and of his eagerness to be cured; who would take a part in all ordinary conversations, and speak rationally upon such topics; and would accurately keep the day of the week and of the month, never mistaking during a month which had thirty or which had thirty-one days.

But these questions I leave for those older in the profession than myself to answer. I have reported the case to elicit the experience of such in the treatment of the affection with the same drugs.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

WARD FOR DISEASES OF THE SKIN.

SERVICE OF PROF. LOUIS A. DUHRING.

Reported by Dr. ARTHUR VAN HARLINGEN, Chief of the Skin Clinic.

Acute Eczema Vesiculosum of the Trunk and Arms.

Patrick C., laborer, forty-five years of age, was admitted to the hospital March 9th. Excepting that he was subject to occasional attacks of dyspepsia, he had always enjoyed good health up to last summer. At that time he suffered from a skin disease apparently similar to that about to be described, but much less extensive. He recovered from this in about a month, and remained well until three weeks previous to his admission. During the winter he had undergone considerable privation, and about the middle of February he was attacked by a skin affection, which spread steadily up to the time he sought relief at the hospital. The disease, which was purely vesicular, and of a very marked type, was chiefly distributed over the flexor surface of both arms and forearms, especially about the elbows, and on the trunk (lower axillary and hypochondriac regions and buttocks). It was peculiarly symmetrical, the buttocks, sides of the thorax and abdomen, and arms, showing almost precisely the same appearance on either side. The vesicles, which were rather larger than common, were situated on red and inflamed bases, and were usually quite discrete, though on the buttocks they were aggregated into large patches; in the flexure of the elbows they had coalesced, and had broken down, so as to constitute an eczema rubrum, consisting of a red, raw, weeping and crusted surface. The eruption itched and burned severely, causing the patient great discomfort. He also complained of slight general malaise, with occasional chilliness.

The patient was placed upon the following alkaline saline aperient:—

℞.	Sodii sulphatis,	℥j
	Potassii sulphatis,	ʒj
	Potassii bicarbonat.,	ʒj
	Lithii carbonat.,	gr.xv. M.

Ft. pulv.

Sig.—One teaspoonful in a tumblerful of water, before breakfast.

In addition, he was ordered ten grains of the bicarbonate of potassium with water, thrice daily. As an external application, a powder composed of starch alone was directed to be dusted upon one lateral half of the body over the seat of the eruption, while a similar powder, with the addition of finely powdered camphor in the proportion of one drachm to the ounce of starch, was to be dusted over the other half of the body. The object in adopting this plan of treatment was to ascertain what advantages, if any, were to be gained by the camphor over the starch alone.

The result was striking. Already by the next day a great change for the better had taken place on both sides of the body; but it was found that the side on which the camphor and starch were applied not only looked, but felt decidedly better than the other side. The moist patch about the flexure of the elbow had ceased oozing and looked less red and angry. The camphorated starch powder was now directed to be used exclusively, and to be spread upon cloths and bound on. No especial diet was ordered. At the end of five days the patient had recovered sufficiently to be able to leave the hospital, though he remained under treatment as an out-patient for several days longer. At the time of his discharge from the ward, examination showed the eruption to be rapidly drying up, crusting and disappearing. Itching and burning were still present, but were not of such severity as to cause the patient to scratch. His general health had somewhat improved.

Epitheliomatous Tumor of the Temporal Region.

Margaret W., fifty-five years of age, when admitted to the hospital gave the following history: So far back as she could remember, even in childhood, she had had a growth on the side of the forehead, the size of a cranberry, purplish in color and raised half an inch above the level of the skin. Its size never varied, and it continued in the same condition until about six years ago, when it was ruptured by a blow, and discharged blood in considerable quantity. It did not heal up after this, but remained an open sore for about three years. At that time, three years ago, the growth began to increase in size and to assume the appearance, so the patient stated, of a malignant tumor; it discharged blood and thick puriform fluid from time to time, from cracks and fissures. Within the last two years it had increased considerably in size, and especially of late had grown more rapidly, having doubled in the last four months.

When examined, a fleshy tumor was observed, situated on the right temple. This was one and a half inches in diameter, raised three-eighths of an inch above the healthy skin, with a flat surface. It was circular, sharply defined, of a violaceous-yellowish color, with scattered pin-head-sized foramina over its surface, filled with puriform fluid of a sticky, varnish-like look, and inclining to dry into crusts, forming a somewhat honeycombed appearance. The edges of the tumor were beveled, sharply defined from the surrounding skin, and circumscribed by a purplish areola. Taken between the fingers the tumor gave a thick, firm, fleshy feeling, and when pressed upon the blood left it to return again slowly. Pressure, unless very firm, was not painful. The tumor itched slightly from time to time, but not enough to cause the patient to scratch.

The growth, which was undoubtedly epitheliomatous in character, was removed by Dr Duhring, before the medical class, with the aid of potassa fusa. The cauterization was effected with great thoroughness, the growth being completely broken up. There was but little pain attending the operation. The wound thus made was dressed with olive oil; at the end of ten days the slough had come away, leaving a healthy granulating surface, which healed rapidly, and the patient was discharged cured at the end of four weeks.

In commenting upon the case, Dr. Duhring remarked that the growth undoubtedly took its origin in the vascular nævus, which the patient stated had existed from childhood, and that epitheliomata not uncommonly started in nævi. The diagnosis was clear; a formation of this kind occurring after fifty will, in almost all cases, prove to be an epithelioma, and demands thorough cauterization or excision with the knife. The use of caustic potassa where the surface is extensive is, as a rule, followed by a better looking scar than the knife will give. To insure against a recurrence of the disease, the operation must be boldly performed.

Herpes Zoster Dorso-pectoralis.

Michael P., Irish, thirty-four years of age, a stone cutter by occupation, was admitted into the Hospital on Thursday, March 14th, giving the following history. He was in good health, and pursuing his occupation until the previous Saturday night. On Sunday morning, five days before his admission to the Hospital, he awoke feeling sore and stiff in his right side and back. He attributed this feeling to fatigue from hard work on the previous day; but, instead of going away as he rested, it persisted, without, however, growing more severe, through Sunday, Monday and Tuesday. On Wednesday morning he examined his body for the first time, and found a rash existent over the seat of pain, made up of a red surface running around the side of the trunk from the spinal column to the median line in front, in patches, dotted with minute vesicles. On Thursday morning he noticed that the eruption was more abundant, had spread through the night considerably, and was redder, the lesions larger and more watery, and the whole side somewhat more sore. The soreness was marked, but there was no positive pain. Over the back, where the disease was older, the sensation was that of burning and scalding. The patient's appetite now failed somewhat, and his bowels became constipated. He had no fever nor headache.

On examination, the eruption was found to occupy the right side of the trunk, beginning over the spinal column and running around the thorax, below the line of the nipple, to the median line of the sternum in front; therefore, "herpes zoster dorso-pectoralis." It was in the form of several, irregularly-shaped, distinct patches, the size of one's palm and larger, with a number of smaller outlying and scattered lesions. The patches were made up of a number of vesicles of various shape, some distinct, others coalescing, and from pin-head to split-pea in size, tensely distended, and tending to elongate, with clear contents, and shining, glistening aspect, occupying the direction of the natural lines of the skin. The vesicles rose rather abruptly from an inflamed base, which was of a vermilion and lake-red color. The older lesions were slightly shriveled, and of a bluish color, and here and there, where they had begun to dessicate, almost black. There were no signs of scratch marks, and the rest of the body was quite free from disease. The patient suffered no pain, complaining only of a scalding and burning sensation. He slept through the night without awaking.

Inasmuch as there was no pain present, and the disease was manifestly running a speedy course, all treatment, both constitutional and local, was withheld. Three days later the inflammation had in great part subsided; the vesicles had become flattened, opaque, and of a markedly whitish color. All soreness had disappeared, and the patient felt himself well enough to leave the hospital.

The chief point of interest in the case is the entire absence of neuralgic pain, a symptom common to the disease, and one which is usually prominent in zoster pectoralis, and is difficult to relieve.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Etiology of Cancer.

In the *British Medical Journal*, Mr. Simon states that the study of this subject is likely to be greatly encouraged by recent advances in the etiology of tubercle. The hereditariness of cancerous and non-cancerous tumors is shown to present many points in common. Irritation of a part is well known to bear, in many cases, a distinct relation to the formation of cancer, but seldom to simple hypertrophic tumor formation. Infectiousness, Mr. Simon shows, marks the identity of the disease. The process in which the secondary and tertiary growths in general arise is apparently of a zymotic kind. Dr. Creighton's minute investigations show that, under the contact influence of matter from the primary cancer, the textural elements of the next affected organ pass, by successive changes of their own, into a growth of a new sort, by which, as it advances, the secondary nodules are gradually evolved into their close textural imitation of the distinctive texture of the primary disease.

The contagion of cancer, as described by Dr. Creighton, is most remarkable. The primary cancer is a definite original texture of the body, modified, it is true, yet this modified texture coming into inoculable relation with other textures of the same body compels those second textures to abandon their own textural identity, and heterologize themselves to the textural pattern of the tumor. To sum up, our etiological knowledge of cancer consists in the evidences of two forces; one, the natural growth-power of the texture, the other a power which is at least relatively foreign; and the cancer which will act zymotically on the other organs expresses the co-operation of those two powers.

Regarding treatment, Mr. Simon does not speak hopefully. To operate early is a good rule, when feasible, but Sir J. Paget's well-known statement is quoted, that not one in five hundred is cured; and Mr. Simon concludes his instructive paper with an expression of hope that a specific may yet be found, and with an able *resumé* of those lines of research that may lead to so happy an end.

On the Treatment of Chronic Throat-Catarrh with Nitrate of Silver.

Dr. Dawosky lays down the proposition (*Betz's Memorabilien*, vol. xxii, part 12) that in the treatment of diseases of mucous membranes, where external applications are possible, nitrate of silver is a remedy useful before all others. Brought into contact with a mucous surface, it coagulates the mucus; and if applied in excess, it unites chemically with the tissue of the membrane beneath, forming a more or less thick crust. If the nitrate be applied to an actively secreting mucous membrane, it first irritates the distended blood-vessels and capillaries, and also stimulates their contractility, so that they unload themselves and cause an onward flow of the blood accumulated in them. Hence it becomes necessary to the efficient use of nitrate of silver to form an accurate estimate of the quantity to be applied in each case, and also that it should be applied by the physician himself. In chronic throat catarrh, we have a congested condition of the mucous membrane, and a consequent abundant secretion, with swelling and redness occurring in unequally distributed patches. If these patches become denuded of epithelium, they appear yet more deeply reddened. In such cases, the nitrate should not be applied otherwise than in a solution of definite strength. It is convenient to have a concentrated solution, which may then be diluted with water or glycerine. After applying it with a brush to the affected parts, these should be painted over with a solution of glycerine, and the application is repeated so long as there is any swelling, unhealthy secretion, etc. At the same time, the food and drink taken should be cold, and smoking discontinued. Should the larynx be also affected, it should be brushed with the caustic solution, of a strength of one to eight, repeated three or four times a day. A large number of cases of laryngeal catarrh thus treated have uniformly yielded the best results.

Thymol as an Antiseptic.

This substance has lately been recommended in several quarters as a substitute for carbolic acid. The *Chemist and Druggist* states that in 1875 several German surgeons published investigations of its antiseptic properties, which are estimated to be from 4 to 25 times as powerful, under certain circumstances, as those of carbolic acid. Thymol is a crystalline, nearly colorless body, with a pleasant odor and an aromatic burning taste. Its specific gravity is 1.028, and it melts at 44° C. It dissolves in 1200 parts of cold water, 1 part of rectified spirit, 120 parts glycerine and in $\frac{1}{2}$ part of caustic alkalies. Fats and oils also dissolve it readily. It is prepared from the oils of either of the plants before mentioned, but pharmacists should beware of experimenting on English samples of oil of thyme, as but few of them are genuine, or, at least, contain any thymol. The oil is said to yield as much as 50 per cent. of thymol on the Continent. Thymol can be manufactured from these oils by treating them with an equal volume of a 20 per cent. solution of caustic soda, separating the alkaline liquid and neutralizing with hydrochloric acid, when the thymol will float to the surface. It may also be obtained by submitting the oils to a low temperature for a few days, when the thymol crystallizes out. Its powerful antiseptic action, exceeding under some conditions that of carbolic acid, its small activity as a poison, about one-tenth that of carbolic acid, and the absence of irritating effect when it is applied to the skin, all point to its use as a substitute for carbolic acid in the now well-known antiseptic treatment of surgical cases elaborated by Professor Lister. This substitution has been made with great success by Professor Volkmann, of Halle. For the spray solution this gentleman uses a mixture of 1 part thymol, 10 alcohol, 20 glycerine, 1000 water; but we understand that a solution in water only, which will not deposit, may be made by adding 1 part of thymol to 1000 of hot water. For the gauze dressings used by Professor Lister, others were substituted, made by saturating 1000 parts of bleached gauze with a mixture of 500 parts spermaceti, 50 resin and 16 of thymol. This prepared gauze is extremely soft and pliant, and, to use the words of the reporter, sucks up blood and the secretions of the wound like a sponge.

The fibres of the gauze being impregnated with spermaceti, cannot, of course, become saturated with the secretions, so that they do not become stiff. Thymol has been used for various skin diseases by Dr. R. Crocker, but the results of his experiments have not yet been published. As an internal remedy, thymol does not seem to make much way. It has proved useful in diseases of the stomach accompanied by fermentation, and Mr. W. H. Stone reports in the *Medical Times and Gazette* that he has found it useful in cases of chorea, one form of which is St. Vitus' Dance. The present cost of thymol is about five times that of the best carbolic acid, but as one part of the former seems to do as much work as 25 parts of the latter, the advantage of price is on the side of thymol.

Treatment of Gastralgia by the Stomach Douche.

The London *Medical Record* gives this case, reported by Dr. Malbranc, of Naples:—

D., a governess, aged 22, suffered three years ago, for several months, from stomach derangement, without any apparent cause, presenting symptoms of a gastric ulcer. Under treatment, she recovered and continued well until four months ago, when she began again to suffer from general weakness, and neuralgia, chiefly of the face. She gradually became much reduced, and after a time digestion again became disordered, with constipated bowels. Ten weeks before she came under notice these symptoms were aggravated, and were accompanied by a fixed pain immediately below the ensiform cartilage, by acute tenderness in the dorsal region, frequent palpitation, and a sense of constriction of the throat. The appetite failed entirely, the little food taken was returned, and there was some blood in the stools. Various means, sinapisms, ice-pills, applications of extract of belladonna, etc., were tried, but in vain. The paroxysms of pain which came on from three to four hours after each meal were relieved by hypodermic injections of morphia; but in spite of nutrient enemata and faradization of the epigastrium, the patient became rather worse, so that mental emotions and straining at stool were enough to bring on the gastric pain. She now came under the care of Professor Kussmaul, in Strasburg, whose assistant Dr. Malbranc then was. A regulated diet failed to afford relief. The following treatment was therefore adopted. In the morning a quantity, amounting in the end to 2 to 3 litres ($3\frac{1}{2}$ to $5\frac{1}{2}$ pints) of tepid water, aerated with carbonic acid in the manner of soda water, was injected, by means of an elastic tube, into the stomach, and after a while again drawn off. The stomach was thus washed out every day. Under this treatment the patient improved, so that in three weeks' time she was able to take a varied diet of meat and bread. The injections of morphia were gradually diminished in frequency, but were still required for the relief of the gastric pain, which always recurred when an attempt was made to evacuate the bowels. To relieve these pains and improve the state of the bowels, one pole of a battery was introduced into the stomach several hours after breakfast, while the other electrode was passed successively over all the abdominal muscles, and thus a powerful induction-current was daily passed for five minutes through the stomach and abdominal walls. Within the next following days, defecation became perfectly natural and painless. In a month, the patient recovered completely, under the continued use of the stomach-douche and of internal faradization, and was able to resume active employment. She has continued well ever since.

Artificial Light in Relation to the Comfort and Well-being of the Eyes.

At the meeting of the Medical Society of London, held on March 4th, Mr. Brudenel Carter read an interesting paper on the above subject. He said that Dr. Copland was the first writer who called attention to the injurious effects of some forms of artificial light, and that he had been followed by Dr. Hunter, of Edinburgh, whose book, published in 1840, had since been largely drawn upon by Professor Arlt. Hunter had attributed to the effects of artificial light many of the symptoms of the malady since recognized as glaucoma, and Mr. Carter believed that close application of the eyes by ill-regulated artificial light was very injurious to them, and might well lay the foundation of disorders of nutrition capable of leading ultimately to glaucoma, cataract, or to certain forms of inflammation. The principal faults of artificial light are its insufficiency, its frequent unsteadiness, its defective composition as contrasted with solar light, and the great amount of heat by which it was accompanied. The effect of insufficiency of illumination was always hurtful, because it required the eyes to be brought very near to the object of vision, and this not only called for a fatiguing effort of accommodation, but also for an amount of convergence which was apt to occasion the development of progressive myopia. As regards the quality of artificial light, it was wanting in the blue rays of the solar spectrum; and these rays were at once the least irritating to the retina, the best for purposes of definition, and were attended by the smallest amount of heat. The color of artificial light was not due to any excess of the red or green rays of the spectrum, but solely to deficiency of blue; and it was a great desideratum to discover some means of obtaining a larger proportion of blue rays by the process of combustion. The common practice of passing the rays of artificial light through a blue medium simply caused absorption of some portion of the red and the green, and did not communicate any additional blue rays, so that it greatly diminished the total amount of light, and should not be had recourse to unless this was originally abundant, as otherwise it produced all the ill effects of simply defective illumination.

On the Treatment of Whooping Cough by Carbolate of Soda.

Dr. Pernot considers carbolate of soda as a specific for whooping cough. He writes, in the *Lyon Médical* (quoted in the London *Medical Record*) that it is a heroic remedy, and would be almost a specific if whooping cough could be cured at once. His cases have been numerous, and have presented the following general characteristics; 1. A notable diminution of the paroxsyms of coughing after from two to ten day's treatment; 2. Less labored and painful respiration; 3. Shorter duration of the paroxysms of coughing. Finally, the most confirmed attack of whooping cough remains *in statu quo* from the commencement of the treatment, gradually and quickly lessening in intensity. Dr. Pernot states that, in all the cases which came under his observation, he never saw the whooping cough increase after treatment, and it always appeared to him to diminish more or less rapidly, but always in a time relatively short to its usual duration. Dr. Pernot operates in nervous affections of the bronchi in the following manner. He places the carbolate of soda in a small porcelain crucible held above the flame of a spirit-lamp, which keeps it at an unvarying temperature as long as wished; the carbolate of soda becomes volatilized, so that scarcely any of it remains in the crucible, but the atmosphere of the sick room is impregnated with the vapor of carbolic acid mixed with the elements of coal-tar. The little apparatus above described is not always at hand, but a fire brick is generally to be had, either in town or country, and this, heated to a sufficiently high temperature to vaporize the carbolate of soda, is generally employed by M. Pernot. He also speaks very highly of the disinfecting and antiseptic properties of these vapors of carbolate of soda. M. Dujardin-Beaumetz states that, when the carbolate of soda was tried in the children's wards of the Hospital St. Antoine, although the results in whooping cough were not quite so rapid as those obtained by M. Pernot, it acted very thoroughly in the disinfection of the wards.

The Use of Soft Soap in Glandular Affections.

The London *Medical Record* quotes several cases illustrating this remedy, recommended by Dr. Kapesser, of Berlin. We give two of them:—

The first case occurred about twenty years ago. It was that of a peddler, who, with his wife and four children, suffered from scabies, for which they were treated with local applications of soft soap. One of the children, a boy nine years of age, was also affected with scrofulous swelling of the glands of the neck, inflammation of the conjunctiva and eyelids, etc., which had resisted all previous treatment. Owing to the greater severity in him of the cutaneous affection, frictions with soft soap were more frequently and extensively employed. Singularly enough, all signs of glandular and strumous disease disappeared simultaneously with the cure of scabies.

The next case occurred some years later, and was that of a little girl of about three years, in very poor and neglected circumstances. Both corneæ were ulcerated, with an acrid discharge; the glands and cellular tissue of the neck, especially on the right side, were enormously swollen, and there were six or eight fistulous openings, from which flowed an abundant thin purulent discharge. About half an ounce of soft soap, dissolved in a little tepid water, was rubbed twice a week, at bedtime, into the whole posterior aspect of the body, from the neck to the knees, with a piece of soft flannel, and was washed off again about ten minutes after its application. In addition, she was put upon nutritious diet and cod-liver oil. In about four weeks' time the glandular swellings had almost disappeared, the discharging sinuses were nearly closed, and the inflamed condition of the eyes had subsided; there yet remained a dense opacity of each cornea. Owing to neglect on the part of the child's relatives, this treatment was now interrupted, and its condition rapidly grew worse. But on resuming the regular inunction, etc., matters again quickly improved, and after a few months there remained only two small dim spots on the corneæ, while otherwise the child was, to all appearances, well, and was still so when again seen, two years afterward.

On Glanders, or Farcy, in Horses.

Mr. N. A. Fisher, General Agent of the Rhode Island Society for the Prevention of Cruelty to Animals, says, in a late Report:—

Glanders and farcy are one and the same disease—only different developments of the same specific poison. It is contagious and infectious. Horses and mules seem most obnoxious to it, but other animals and men may take it by contact; and to all alike it is fatal. Within the last four years three men in Providence, and one in Pawtucket, have died of it, the poison having been absorbed through cuts or sores on the hands.

It is difficult to distinguish glanders in its incipient stage from a simple catarrh, and farcy may be mistaken for an injury, or cutaneous affection, not of a dangerous nature. For this reason, and now especially, when the disease is so prevalent, in every case at all resembling it the best veterinary skill should be consulted. If there is any doubt of its character, the subject should be securely isolated until it is decided; then, should it prove to be the disease, there is but one course to pursue—the animal should be killed at once and properly buried.

To aid in extirpating the disease, all who have the charge of animals should be induced, if possible, on the least suspicion of its appearance, to have it examined by some one or more competent persons designated for that purpose, and then be governed by the advice given. If this examination could be had free of charge to the applicant, it would be more likely to be effectual. Much might be done, also, by a careful inspection of public, and, in many instances, of private stables, from time to time. Then it should be seen that there is no failure to thoroughly cleanse and disinfect the places that have been occupied by such diseased animals, and all the objects used upon or around them.

The Treatment of Varicose Veins by Subcutaneous Injections of Alcohol.

At a recent meeting of the Wiener Medizinische Doktoren-Collegium (*Wiener Medizin. Wochenschrift*, January 12), Dr. Englisch described a method which he had employed in the treatment of varicose veins. The principle was to apply as little direct irritation as possible. The vein, with a fold of skin, having been raised by the fingers, the point of a Pravaz's syringe was inserted below the vein, and the contents—1 to 1½ centimetres of a five per cent. solution of alcohol—were injected. The alcohol was diffused in the neighborhood of the vein, and produced a small swelling; at the same time the vein contracted, probably in consequence of the external irritation. After a time the vein again enlarged, but not to so great an extent as before. The next day there was infiltration in the neighborhood of the injection, varying in amount in different cases, and in four instances only leading to suppuration near the vein. The abscesses did not exceed the size of beans, and were never attended with rise of temperature, or any other sign of disturbance.

With the hardening and decrease in extent of the infiltration, the veins became smaller and harder, until at last they were converted into a solid cord. In some cases one injection was sufficient, but this was exceptional. In most instances, three, four, six, or even ten injections were required to complete a cure.

The Treatment of Earache.

Dr. W. Cheatham, of Louisville, says, in a recent paper:—

When a patient complains of earache, and on examination with the speculum the drum is seen to be red, it is good practice to turn into the ear a stream of water as warm as it can be borne. This is best done by the aural douche. Where this is not at hand, a Davidson's syringe may be substituted, first converting it, however, into a siphon. To do this, the vessel containing the water must be raised a short distance above the patient's head; the syringe then filled by compressing the bulb a few times, when, by lowering the tube, the water will continue to flow in a gentle stream, which is to be turned on the inflamed parts. A small rubber tube may be made to answer the same purpose. The douche, by whatever means effected, should be prolonged and often repeated.

Many cases of earache are met with, especially among children, which are relieved by having the patient turn the head well to the sound side, and pouring the ear full of very warm water. This may require to be repeated a number of times before relief is obtained, but in any event is always to be preferred to the various ear-drops, composed of laudanum, onion juice and the like. If this fails to relieve the pain, a leech should be applied a short distance inside the auditory canal, on its anterior wall; and when it falls away, the bleeding is to be encouraged by the hot water douche, or by flannels wrung from boiling water, industriously used for half an hour after. When the drum is found to be red and bulging, denoting fluid in the tympanic cavity, paracentesis should be immediately performed. The operation is exceedingly simple, and gives almost instantaneous relief. Should the fluid not flow as freely as may be desired, the patient is directed to practice Valsalva; or inflation should be made by Politzer's bag. In cases where the Eustachian tube is so entirely closed that air cannot be made to enter the middle ear, Seigel's otoscope, with very gentle suction, should be applied.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Obstetrical Gazette, a Monthly Journal, devoted to Obstetrics and Diseases of Women and Children, Cincinnati, Ohio, is to begin publication July 1, with Edward B. Stevens, A.M., M.D, editor. Terms $3.00 a year. We wish it success. The editor is a veteran in the ranks, and his previous record augurs well for the future.

BOOK NOTICES.

Pathological Report of the Montreal General Hospital. By William Osler, M.D. Vol. 1. Montreal, Dawson Brothers, 1878. Cloth, 8vo, pp. 97. Price 75 cents.

This volume contains the record of about one hundred autopsies, grouped under the principal organs affected, and in some instances accompanied by a synopsis of the clinical features of the cases. The diseases are pretty well distributed over the circulatory, respiratory, gastro-intestinal, genito-urinary, and osseous systems. Two cases of pernicious anæmia are given with considerable detail. The post-mortems have been very carefully carried out, and their records will be read with interest by pathologists. It is highly creditable to public hospitals to issue volumes of this character.

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The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

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3. For one new subscriber to both Compendium and Reporter, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

In all cases the remittance for the new subscriber must cover one full year's subscription.

THE CHARITIES OF A GREAT CITY.

In this city of three quarters of a million inhabitants there are, we have reason to believe, fewer persons in absolute want than in any other city of its size on the globe. Yet, when we come to enumerate the charities which are organized for the relief of indigence, we are appalled at their number and variety. There are forty-three public hospitals, twenty-five dispensaries, thirty-four children's homes and orphan asylums, forty-one homes and asylums for adults, thirteen soup houses and diet kitchens, besides several hundred relief societies, beneficial and charitable associations, which in one way or another contribute to lessening the load which poverty lays on those who suffer from it.

Many of these organizations are wealthy, and conducted in the most efficient manner, with skilled physicians and surgeons attached to them, and their pecuniary concerns managed by able business men and women. One would hardly suppose that any case of deserving want could escape the vigilance of these numerous bodies, not only ready, but actively seeking, to do good. This, indeed, seems to be the case, as far as can be judged from statistics. In the Report of the Health Officer for 1877 there are over 16,000 deaths enumerated, and among them not one from starvation, and but one from exposure.

Every physician well knows that whenever he finds a case of actual destitution among his patients, where, for instance, a sick person is in real want of special diet, coal or clothing, he has but to mention it to one of a dozen charitable organizations, and vouch for the character of the case, and it will receive immediate and sufficient assistance.

It is, indeed, becoming a more pressing question, whether by this extensive eleemosynary system there are not many who are encouraged in idleness and shiftlessness. Life insurance agents often use the argument that if a man only keeps up his policy he need not save for his children. This dangerous notion is also inculcated by most "mutual aid" societies. Their combined savings are to dispense with personal thrift. When the rich give very liberally, it is sure to create a breed of parasitic, idle, worthless proletaries. The condition of Rome in the third and fourth centuries illustrates this.

Again, there is a large class who can, but do not want to, provide for themselves, and who plead for aid, to these charities, *in formâ pauperis.* The abuse of dispensaries is justly attracting earnest attention from the profession. The physicians of the Massachusetts General Hospital have made a recent study of its exact proportion in that city.

During the month of last November a competent and experienced person was employed by the trustees of the Hospital to examine into the case of each applicant at the dispensary from Boston, with the following result, as shown by the report of the resident physician:—

Whole number of visits....................	386
Number of deserving poor not able to pay.	254
Number giving wrong address............	79
Number able to pay......................	53

Of those giving the wrong address it is probable that one-half may have done so through some misunderstanding, or from some vague idea, natural to an ignorant person, that the information wanted would in some way be to their prejudice, while at the same time being proper subjects for gratuitous treatment. Making this allowance, it appears that of three hundred and eighty-six applicants, ninety-three, or about one-quarter, might be considered as able to pay, though some of these would probably be found to be on the border line between self-support and poverty—able when in health to take care of themselves and their families, but whose little savings rapidly melt away when the daily earnings cease by reason of sickness or accident. In the administration of any great public charity it is inevitable that some will claim its benefits who are not entirely worthy, and it is a difficult problem to reduce this class to a minimum, without excluding any deserving beneficiaries.

NOTES AND COMMENTS.

Criticism of Dermatological Classification.

Many readers will agree with Dr. W. L. Lindsay in the following criticism, taken from one of his lectures in the London *Medical Times and Gazette*:—

I have been much struck with the mischievously elaborate classification of skin diseases by dermatologists—a classification that becomes more mischievously elaborate year by year. The numerous genera and species that are described, and sometimes beautifully figured, are the mere arbitrary arrangements of the nosologist or systematist. Their number is unnecessarily large; their definitions are imperfect and confusing, because the morbid conditions defined pass into each other; their generic and specific "characters" are too often trivial and temporary. So far as concerns my own experience, what I have met with in practice have not been the genera or species of nosologists, but hybrid disorders to which no name could be given. None was given, and none was necessary. I have never treated the mere disease, or its genus or species, according to the text-books; but the patient, according to the rules of common sense.

Tracheotomy with the Thermo-Cautery.

The following case illustrates how this operation may be performed without the loss of blood. It is given in the *Lancet*, by Dr. G. Poinsot:—

* * * The boy was very fat, and there was a large vein passing along the neck which would be necessarily divided in the operation. With the thermo-cautery, heated to a dull red color, I made an incision in the median line, and by successive light touches with the point of the instrument, I divided all the structures down to the trachea; this I opened with the knife. Up to this time, although the large vein noticed above was severed, not a drop of blood had been lost. The molten fat which filled the wound was readily removed with a sponge. Finding that the tubes I had with me were too large, I introduced simply the inner tube of the smallest

of them. This attempt caused a very slight hemorrhage. The patient lived for two and a half days, and then died, asphyxiated, from implication of the lungs by the disease. Although the case was not ultimately successful, it shows very strikingly the anti-hemorrhagic property of this mode of procedure.

The Cell and Protoplasm.

In a lecture recently delivered at the Royal Institution, Professor A. H. Garrod said that he believed the original idea of a cell, as first taught by Schleiden and Schwan, is incorrect. The use of the reagents they employed, to get clearness as they supposed, really brought about artificially those changes which led them to believe that a cell consisted of cell wall, cell contents, nucleus, and nucleolus. He would define as a cell a separate mass of protoplasm, whether surrounded by formed material or not. This formed material comes from the precipitation of salts of lime by the protoplasm and from the formation of hyaline, etc. In this way the tissues of the body are built up. In the growth of the epidermis, the cells are gradually more and more filled with precipitated matter, the protoplasm occupies less and less space, and finally the cells die and are removed from the surface. In fatty tissue, the hydrocarbons of the food are gradually precipitated in the cells till the protoplasm becomes only an investing membrane.

Anomalies of the Mammary Glands.

Dr. W. Sneddon, of Glasgow, recently read a paper on this subject. He observes that polymastia is more common in females than males, though this may be more apparent than real, owing to the supernumerary mammæ not attracting attention unless functionally active. No case of amastia has yet been recorded in the male (and in females it is much rarer than polymastia). The anomalous breasts are most often met with in the axillæ or below the normal mammæ, but they have been seen also in the groin, on the thighs, or even on the back; they are rare in the middle line, and when there do not secrete milk during lactation, while those in other situations have been used for nursing. Four is the abnormal number of breasts most commonly met with; five have been seen in one case. In amastia there is often some other developmental deficiency on the same side, and it is supposed by the author that this may account for the absence of the breast, which is developed comparatively late. The author rejects the theory of the influence of maternal impressions upon deformities as lacking evidence. Viewed in the light of comparative anatomy, polymastia is interesting, as showing a tendency to re-establish the series of mammæ seen in other mammalia; but Darwin has lately repudiated atavism as a cause of this malformation, on account of the supernumerary breasts being sometimes met with on the back.

Differential Diagnosis of Pleuritic Exudations.

According to the observations of Professor Baccelli, of Rome (*Berlin Klinische Wochenschrift,* 1877), if, while the ear is kept exactly applied to the walls of the chest, the patient is made to pronounce the word "trenta-tre," almost in the same manner as he would the number "trente-trois," the following facts will be elicited:—

1. The word is clearly heard (even if pronounced in a loud tone) if the pleura contains a large quantity of clear serum, rich, however, in albumen.

2. That this same transmission of the sound is only slightly impeded by the presence of inflammatory effusion which is rich in fibrine.

3. That the word is no longer audible if there is an abundant exudation of sanguineous or purulent fluid.

The Treatment of Ulcers.

According to Dr. Mandelbaum, of Odessa, quoted in the *Medical Times and Gazette*, all ulcers of the leg and elsewhere, whatever their character, age, and extent, can be cured by the following method. If they are very deep, with much loss of tissue, and with undermined, uneven, callous edges, they are first to be scraped away until healthy tissue is reached, with the modification of Volkmann's spoon as suggested by Hebra; they are then to be covered for several days with a thick layer of iodoform until fresh granulations spring up (as they are certain to do), and until the base of the ulcer has reached the level of the surrounding skin. When this point in the healing process is reached, the ulcer is to be strapped daily with equal parts of mercurial and soap plaster, of rather soft consistence, and carefully and evenly applied. Shallow ulcers which are only covered with a thick layer of pus require no preliminary scraping, and can be at once treated with iodoform, and later on strapped, as above described.

The Medical Use of Magnets.

At a meeting of the Société de Biologie, M. Vigouroux gave an account of some experiments which he had made at the Salpêtrière, at the request of Prof. Charcot. The following are the principal results:—A bar of magnetized steel held at a distance of several millimetres from the anæsthetized part restored sensibility to it after a space of time that rarely exceeded ten minutes, and that whichever pole of the magnet was presented. When the magnetized bar was presented at its middle part, no such result was obtained. The action of the poles was demonstrated both in anæsthesia of the skin and in that of the organs of sense. The effects observed bore the strongest analogy to those obtained by M. Burq's metallic applications. It seems, therefore, probable that the great vogue which magnets enjoyed in the last century will have to be restored in therapeutics, the indications for their employment being specified.

Remedy for Rhus Poisoning.

Dr. Q. C. Smith, of California, gives, in the Pacific *Medical Journal*, a formula which he has tested frequently, with the best results, in poisoning from the rhus:—

℞. Carbolic acid, ʒss
Oil sassafras,
Pyrolig. oil juniper (pure), āā. ʒj
Benzoated ointment zinc, ℥j. M.

Sig.—Apply two to four times a day.

Before going to bed, wash the part thoroughly with warm water and tar soap. Also applicable to many forms of skin disease. For the tender skin of children it may require dilution, and in other cases it may be made stronger of carbolic acid.

Ligating the Penis for Incontinence of Urine.

Mr. Edward Huxley writes to the *Lancet*:—

Some years since I met with a suggestion of employing a light ligature on the penis for the above troublesome complaint, and I have since tried the remedy with considerable success; but I employ a piece of fine elastic web, such as I use for light spiral stockings. It is applied in the form of a figure of 8 bandage, and fastened with a small hook and eye. A few weeks since I was applied to by a young medical student going in for his "prelim." He had had the first advice, and had taken belladonna and the usual remedies without the least benefit. I advised him, instead of using a urinal, which he wished to procure, to adopt the ligature; and he writes me, under date of March 8th, "As it is now a week since I called on you, I think I have had time to judge the use of the elastic band. It has answered extremely well, and I myself think it is much better than a urinal. Since I have worn it I have not passed any water at all at night. It causes me no pain whatever, and I believe by wearing it looser, gradually, it will prove an eventual cure."

Salicylic Acid as a Dentifrice.

The Dental *Cosmos* quotes the following extract from the proceedings of the Schleswig-Holstein Dental Society:—

Herr Gehrke advocates its use in mouth-washes. Herr Zader held as an opposite experience that it is not to be so employed. Herr Kleinman infers from his experience that it acts injuriously on tooth bone, although but little upon the enamel. Herr Wiermann believes that the acid finds its way quickly through the fissures of the enamel.

The question was asked by Dr. Arend, whether observation had elicited the constant association of ill consequences in the mouth with the use of this acid.

Herr Buschendorf could vouch for such ill influences, as far as the necks of the teeth are concerned. Herr Elners had witnessed the association of pain as expressive of its irritating quality when applied to tooth bone and the dental neck. Herr Kleinman held it as a matter decided that the agent was corrosive to the teeth.

A Specimen of False Morality.

The ladies who constitute the local visiting committee for Brooklyn, of the New York State Charities Aid Association, say, in their last report concerning the foundling wards of King's County Almshouse, "When young girls, tempted to dishonor, can encourage themselves and each other with the knowledge that there are institutions, managed by ladies, ready to offer them care, protection, and support, and to assume the burden which should be theirs, it seems as though a premium were offered to dis honor and vice, and an influence exerted which thoughtful, true women would shrink from, did they realize it."

This is the quintessence of a false, sentimental morality. On the same ground, should we not discourage Lock Hospitals, and refuse admission to cases of delirium tremens, syphilis, gonorrhœa, and every other case which *we think* is attributable to the patient's evil propensities? Should we not turn adrift in the storm all who do not come up to *our* notions of what is right? A fico for such charity!

The Eucalyptus Globulus.

Professor Samuel Lockwood says, in the *Popular Science Monthly*, "That the *E. globulus* has earned by fair experiment its name of fever-tree, as a preventive, seems now to be settled. Its rapid growth must make it a great drainer of wet soils, while its marked terebinthine odor may have its influence, and it is highly probable that the liberation of this essence into the air stands connected with its generation of ozone. But, whatever the sanatory activities of the eucalypt may be, the fact is squarely settled that spots in Italy, uninhabitable because of malarial fever, have been rendered tolerable by the planting of *E. globulus*, and it is believed that a more plentiful planting would nearly, if not quite, remove the difficulty.

CORRESPONDENCE.

LETTER FROM LONDON.

London Hospital Matters, Guerin's Wadding Dressing, Etc.

LONDON, April 11th, 1878.

ED. MED. AND SURG. REPORTER:—

The first thing that strikes an American medical man in London is the multiplicity of general and special hospitals, and the prominence given them by advertising. In the majority of cases these hospitals are, on account of a small endowment fund, obliged to depend upon voluntary subscriptions, and hence it becomes necessary to keep the fact of their existence constantly before the eyes of the community. In the *Times* newspaper there are every day nearly two dozen of these hospital notices. For example, take these, given verbatim from to-day's issue: "University College (or North London) Hospital, Gower street. Funds urgently required. See Saturday's advertisement." Or this, which is still more forcible: "Poplar Hospital for Accidents receives accidental injuries and emergent cases only. The agonizing demands upon it are instant and imperative. Its funds are inadequate. Subscriptions and donations urgently solicited." Another states that "55,000 patients have been benefited, and that 2000 are now under treatment." Such is the style of most of them, which conclude by giving the name of the secretary or banker of the institution, in order that subscriptions may be transmitted to the proper authorities. Fortunately they do not thus advertise the names and addresses of the medical staff. This mode of calling attention to the demands of the sick poor may be effectual, but it really seems to be overdone, and to smack of the show placards that, with various-sized type and extravagant phrases, shout out the number of living skeletons and deformed animals contained in their collection.

The London Hospital, which is the only general hospital situated near the London docks, and which receives patients from the east end of the metropolis, is said to be almost insolvent. Accordingly, a meeting was held on the 4th instant, in the Egyptian Hall of the Mansion House, to devise means to relieve it of embarrassment. It was stated that the endowment fund yielded only £13,000; that the remaining £30,000 required annually to maintain the 790 beds had to be made up every year by voluntary subscriptions, and that unless aid was obtained 400 beds would have to be closed. The situation of the hospital makes its accident wards of the greatest service; indeed, the accident cases treated in 1877—both the in and out department, I suppose, is meant—amounted to 12,035 cases. In addition, the Children's Hospital is said to be the largest of the kind in London. The meeting was attended by influential and wealthy citizens, and, according to the newspapers, subscriptions amounting to £4000 for a period of five years, £2000 for three years, besides single donations summing up £4200, were soon obtained.

The work at the hospitals is going on about as usual, though the medical schools will soon be closed for the Easter holidays, before the commencement of the summer session, which begins about the first of May. Mr. Lister is, of course, occupied at King's College Hospital, with the antiseptic method; and by the way, I see they have named one of the wards after the late Sir. William Ferguson. I saw Mr. Lister, yesterday, dress several of his cases with the protective, the carbolized gauze, etc., which has been demonstrated before Philadelphia surgeons, by Mr. Lister himself. The antiseptic method seems to have been adopted by a goodly number of the London surgeons, who are at least giving the dressing a fair trial. It is said that the demand for carbolized gauze has become so great that it may be questioned whether the manufacturing firms are as careful as they should be in impregnating it with the antiseptic. Mr. MacCormac, of St. Thomas' has been using thymol instead of carbolic acid, both as an ingredient of the spray and for saturating the gauze. It, however, is quite insoluble in water; the solution he uses contains one part of thymol in a thousand of water. The relative merits of thymol and carbolic acid have not as yet been established.

Prof. Guérin, of Paris, has been visiting London, and through the courtesy of Mr. Callender, of St. Bartholomew's, I had the pleasure of meeting him, and of seeing him demonstrate the application of his wadding dressing, which we see so often mentioned in the French journals, though, as far as I know, it has not been much employed either in England or America. He uses this dressing for wounds, burns, compound fractures, and apparently for all cases where there is a solution of the continuity of the soft tissues. In cases of complicated fractures the dressing, when properly applied, obviates the necessity of splints, and, according to Guérin, is especially serviceable when wounded soldiers are to be transported; for with the wounded limb enveloped in this great mass of cotton, jars, jolts, and even direct blows occasion no pain. The dressing, in this respect, was jocularly compared to a fort made of balls of cotton. The application of the wadding dressing is as follows: The limb is first well washed with carbolized lotions, and particular care taken to have all putrescent matter removed from under the nails. Large masses of cotton, (probably about 4 kilogrammes) are then laid about the leg and foot, and bandages applied over this as smoothly as possible. He does not draw the first bandages tightly, but as he puts bandage over bandage, the outer layers are applied more forcibly, until, when a multitude of rollers have been used, the dressing is exceedingly firm and hard. It is, withal, elastic. If the outer bandages become loosened, the surgeon applies others on top, and draws them more firmly. The wadding dressing, when completed, makes the injured limb of enormous bulk, and it is so encased that it can be lifted and dropped upon the bed without giving rise to pain. The pus secreted is absorbed by the cotton, and does not irritate by putrefaction, so that the dressing is allowed to remain undisturbed until the patient shows, by pulse, respiration or temperature, that something is amiss. This dressing, as stated above, is employed for compound fractures, but it appears to me that, though it would undoubtedly retain the fragments in good position, if they could be kept well adjusted during the application, yet it would be objectionable, on account of the difficulty of examining the position of fractures put up by assistants. The elasticity of the cotton, and the fact that, when properly applied, there is not much tension of the first bandages is, I believe, supposed to be the means by which gangrene is precluded when there is a tendency to swelling.

Mr. Callender, of St. Bartholomew's, still employs nerve stretching for the relief of neuralgia, and recently had a very successful case where a patient was entirely cured of neuralgia of the twelfth dorsal nerve, of years' duration. In treating abscesses he finds that hyper-distention of the sac with carbolized water (1 to 30) immediately after evacuation of the pus hastens the cure very materially. After puncturing the abscess he quickly introduces a nozzle of soft rubber, through which fluid is injected by a syringe, until the sac is tensely distended. As the nozzle closes the opening and prevents the ingress of air, the lining membrane of the abscess does not come in contact with atmospheric influences. After full distention the fluid is squirted out by the resiliency of the tissues, and carbolized oil dressings are then applied.

At Guy's, Mr. Bryant still seems to put his faith in torsion, for in a double amputation of the legs for gangrene following frostbite, done a few days ago, torsion alone was employed for one stump, though in the other he resorted to a few catgut ligatures because torsion did not seem to arrest the bleeding. Is not this the usual fate of torsion? In some instances it will suffice, but as a last resort we must adopt the ligature or acupressure.

Mr. Liebreich, the eminent oculist, whose name is associated with one method of extracting cataract, has resigned his position at St. Thomas'. He came to London from Paris, it will be recollected, at the time of the Franco-German war. As usual, there are many aspirants for the vacated position. By-the-way, they have a good plan in the London hospitals, in regard to the retirement of the medical staff, which requires that at a certain age, say sixty-five, the surgeons shall resign and make room for younger men. At one of the hospitals not far from where I am writing there has been considerable dissatisfaction because an exception has been made in favor of one of the senior members of the staff, who has been allowed to hold his position after the regulation age. This rule deprives the institutions of many of the men who have become prominent, I admit, but it certainly must have the effect of stimulating the younger men connected with them to increased activity. Dr. J. Marion Sims has been here for some days, on a visit from Paris, where he has been residing. I was quite surprised to meet him the other day, when I went to see Mr. Croft operate for the removal of an ovarian cyst.

In my next letter I shall endeavor to give you some account of what is being done in the London Medical Societies, which seem to be very active at this season.

John B. Roberts, m.d.

A Foreign Body in the Womb.

Ed. Med. and Surg. Reporter:—

Mrs. R., aged sixty-five, near Cherryville, Northampton Co., Pa., has had a vaginal discharge of muco-purulent matter, which increased in quantity so profusely that her health became affected in consequence. She was under treatment of different physicians, but got no relief. Dr. H. O. Wilson, of Slatington, Lehigh Co., was consulted. On making an examination per vaginam, he found its walls studded with ulcers and covered throughout with a muco-purulent secretion, and matter of like quality oozing from the os, which led him to introduce the womb-sound into the cavity. He at once detected a peculiar sensation of the instrument coming in contact with something foreign. With a long forceps the doctor withdrew an *ear* of *rye two* inches long, with its *stem* of *one inch and a half*, measuring in all three and a half inches, in *perfect preservation.* The *ear* naturally was somewhat flattened, but its stalk was *not flattened nor fractured* in the least, showing that it had not been through the threshing machine; and it may be inferred that the ear yet contained the *grain* when it entered the vagina and womb. It appears she had been complaining for over six months, as the doctor tells me. How it got there she could not explain, nor can the physician. The only way to account for it, I presume, would be, that the old woman amused herself by sliding down over the *grain shocks*, as the Polar Bears slide down over the ice-covered rocks, on their haunches, for amusement. Dr. Kane, by the way, caught them in the very act. Gynæcologists, womb doctors, hereafter, had better be on the lookout for old women in grain fields after harvest. L. B. Balliet, m.d.

Unionville, Lehigh, Co., Pa.

Compensation of Physicians.

Ed. Med. and Surg. Reporter :—

I think "forbearance has ceased to be a virtue" on the part of the medical profession; and it is proper that we should defend ourselves against the false charges of "greed" and "grabbing." There may have been some exceptional instances which deserved to be condemned. But too many seem to think that doctors, who have devoted years of hard study, and spent all their patrimony, perhaps, in learning how to relieve suffering, save life and promote health, ought then to travel day and night, in sunshine and rain, dust and mud, attending to the sick, for nothing, except what some liberal patron may feel inclined to *give* them, as a sort of free-will offering, but not as a just due, earned. And too many make it a rule to first pay for their whisky and tobacco, make some arrangement with their tailor, pay their shoemaker, boot-black, etc. *After* they have paid up everybody else, maybe without a grumble, then, if they have a little money left, they may go, or they may not go, to settle with the doctor; and complain if they have to pay for the saving of their lives as much as they freely pay for a pair of boots, or a coat, perhaps! Many people seem to think that we are a set of hungry fellows, who ought to be able to live on the wind, or the *empty* honor of their patronage. And, strange to say, some of the profession seem, or pretend, to labor under the same delusion! that we are but a "noble" set of dispensers of charity, who ought not to think about the "filthy lucre," too "unclean a thing" for our pure hands to "touch," much less "handle" as our own just dues; and as to "tasting" the good things it will buy, we must leave that pleasure for our patrons who *honor* us with their patronage. What doctor has not had some clients intimate to him that their patronage (not pay) was worth a great deal to him; ought to satisfy him for his services? What do some doctors mean by condemning others for trying to receive pay for their services; even in advance, if it is deemed necessary? Will the lawyer undertake a case without securing his fee? And which is worth the most, life or property? And who blames the lawyer? Will the merchant sell his goods without some security for his pay? And who complains of the merchant? Will a day laborer do one day's work, even, unless he is assured of his money at sunset? And who objects to that? And will not the conductor put every one of these self-styled charitable doctors off the cars if they go aboard to "take a ride" without having collected together enough of the "filthy lucre" to pay their fare? And who will say it would not be right to *make them walk* until they *make their patrons pay?*

I think it is high time that we doctors acknowledge the fact, and publish it to the world, that we work for money—yes, practice medicine for money—just as everybody else works for money. And I must be allowed to say that I think any physician who practices for nothing stultifies himself and does injustice to the profession. If he don't really need his fees to live on, let him collect them anyhow, and bestow them on real worthy objects of charity, of which he will be able to find many more deserving than a great many who will evade their doctor's bills if they can. For be assured that those claiming most loudly are not the most worthy objects of charity, generally. Many a man is not able to pay his doctor's bill, because he is too lazy to work; or because he drinks up, or gambles off, all his wages; or because he lives too fast, and spends his money foolishly, in some unnecessary way. And as long as *charitable* doctors and free soup houses are plentiful, things will continue so. And thus lazy loafers and worthless fops will infest society, and hang around low drinking houses, to demoralize others.

The idea is ruinously absurd, that *many worthy* people *really* need charity in these United States, where there are so many millions of acres of rich, productive land lying idle, for want of labor. Why don't everybody who has not some self-supporting occupation or employment in these crowded cities and towns, scatter out all over this broad country, inviting the hungry and starving millions of earth to come and cultivate the prolific soil, ready to yield food in the greatest abundance for everybody. The public is ready and willing to educate the children in free schools, to make them good citizens. Must the public always feed and clothe these innumerable, idle, lazy, prolific loafers, by misplaced charity, and expect the doctors to attend to these great "unwashed" for nothing! There ought to be a universal law requiring every vagabond who can't show, to the satisfaction of the community which he infests, how he gets his living honestly, to enter some public workshop or farm, and there do faithful labor to support himself or any that may be so unfortunate as to depend upon him. It is time sensible people discard all this sickly sentimentality about the so-called poor. While I sincerely believe that I have as much genuine sympathy and charity for the really deserving poor as anybody, I am free to confess that I have a perfect contempt for all able-bodied loafers who are too lazy to work for their daily bread, in obedience to the commands of the Almighty, who says emphatically that "Six days shalt thou work," and "in the sweat of thy face shalt thou eat bread." It is lamentably too true that the body politic is corrupt and rotten to an alarming extent, and thousands of officials ought to be hung or made to work in State prisons the balance of their lives, to atone for their heinous crimes, and be thus prevented from their repetition; but, notwithstanding the fearful amount of peculation and malfeasance in office, times would not be anything like as hard as they are if everybody was made to do their share toward *producing* something to live on. The trouble is there are entirely *too few producers*, while there are *vastly too many consumers*. The lazy idlers (miscalled "the poor") are like so many leeches sucking the very life blood of the *industrious few*, who toil day and night, and are then teased to death by good people, with more feeling than judgment, for charitable contributions to feed the hungry vagabonds; and the doctors, of course, are expected to keep them alive as long as possible, to devour the substance of the land, and demoralize society, and replenish the earth with swarms of lazarettoes. Let us, for heaven's sake, look things square in the face, and deal with realities as we meet them and find them. Let us have vagrant laws, and require every man to show that he *voluntarily* makes an *honest living*, or *force* him to do so. Then let us have an *ad valorem tax* to provide funds to have all the *really deserving* poor properly housed and taken care of; but let the doctor be paid for his services, as well as the butcher, the baker, the cook, the laundress, the nurse, and all others. That would be equity as well as charity; and I will pay my ad valorem tax for that as cheerfully as any other man.

It is time the bull was taken by the horns, and an end put to these loafers' riots, lazy miners' strikes, and Commune movements, and everybody made to know that all who are able must make their own living honestly, and pay their just debts, or suffer the consequences, which ought to be made severe enough to compel every one to do his duty, and not depend upon others to support him in his lazy idleness.

W. FOSTER, M. D.

Ville Platte, Louisiana, April 24th, 1878.

NEWS AND MISCELLANY.

Medical Fledglings in 1878.

The following list of graduates this Spring is given by the New York *Medical Journal:*—

Jefferson Medical College	203
University of the City of New York	153
Bellevue Hospital Medical College	130
University of Pennsylvania	127
College of Physicians and Surgeons, N. Y.	109
Medical College of Ohio	102
Missouri Medical College	102
Rush Medical College, Chicago	129
University of Maryland	100
University of Nashville	90
University of Louisiana	55
Columbus Medical College	50
Chicago Medical College	47
McGill University, Montreal	27
Atlanta Medical College	24
Detroit Medical College	20
Woman's Medical College, Chicago	7
University of Louisville	71
Louisville Medical College	70
Miami Medical College, Ohio	51
St. Louis Medical College	49
Buffalo Medical College	43
Indianapolis Medical College	41
Cincinnati College of Medicine	33
Indiana Medical College	29
Woman's Medical College, Philadelphia	19
Louisville Hospital Medical College	17
University of California (1877)	15
Medical College of the Pacific (1877)	13
Medical College of Virginia	12
Total	1938

This is a pretty numerous addition to the army of doctors.

Higher Medical Education.

The faculty of the Medical College of the Pacific have determined to advance the standard of education in the college, and place it on a similar basis with the University of Pennsylvania and the few other Eastern schools which have made the forward movement. The faculty have had the subject under contemplation for some years, and have delayed action only because they were not willing to make a premature announcement before being prepared to carry out the design.

Sulphocyanides in the Urine.

Sulphocyanides have long been known to exist in the saliva, and in works on medical jurisprudence analysts are warned to distinguish between it and meconic acid. Gscheidlew and Munk have recently, but quite independently, proved that these salts are also present in urine. In the human urine .0225 grames of sulphocyanic acid in the form of sodium salt are found in 1000 cubic centimetres.

The Illinois State Board of Health.

This body has issued the following judicious circular:—

CHICAGO, April 10, 1878.

DEAR SIR:—At a meeting of the Board held at Cairo, November 15, 1877, the following resolutions were unanimously adopted:—

Resolved, That on and after July 1, 1878, the Board will not consider any medical school in good standing which holds two graduating courses in one year.

Resolved, That on and after July 1, 1878, the Board will not recognize the diplomas of any medical school which does not require of its candidates for graduation the actual attendance on at least two full courses of lectures, with an interval of six months or more.

Metal Therapeutics.

Our next number will contain an extremely interesting lecture on this subject, by Dr. William A. Hammond. He treats it with his usual thoroughness, and from the light of original investigation.

Personal.

Dr. John M. Irvine, a prominent physician and citizen of Mercer county, and brother-in-law of Justice Miller, of the United States Supreme Court, died at Sharon last week, aged 63.

—Dr. C. V. Dyer, of Chicago, better known in political than medical circles, died in Chicago, April 24th, in his seventieth year. He graduated from the medical department of Middlebury, Vt., in 1830. He was a famous abolitionist, and in 1863 was appointed Judge of the court for the suppression of the African slave trade, which held its sessions at Sierra Leone, and passed two years fulfilling this mission, his time when not employed in the discharge of his official duties being spent in traveling through Europe. In religion, Dr. Dyer was an advocate of the doctrines of Swedenborg.

Items.

—The President has signed the bill to prevent the introduction of contagious diseases into the United States.

—Chicago's mortality for the year 1877, exclusive of 713 premature and still births, was 8026—a decrease as compared with 1876 of 547. Estimating the population at 439,976, the ratio of mortality was 18.24 per 1000.

—A curious case of Albinism is reported by the Ninety-six (S. C.) *Guardian.* From the waist to the crown of the child's head its skin is pure white; from the hips to the knees the skin is of a coal black, and from there down the skin is white. The head is covered with hair as white as snow, and is unusually long for a child of that age. The child is large and healthy. Both parents are full negroes.

Staufer's Pessaries.

These valuable gynecological appliances are increasing in favor with increasing use. They are light, cleanly, durable and efficient. In sending orders for them care should be taken to give the measurements and answer the questions contained in paragraph 20 of the circular, as this precaution will save useless correspondence.

QUERIES AND REPLIES.

Impotence.

MR. EDITOR:—Will some one of experience give his manner of treating stubborn cases of impotency of long standing? I have a case which does not yield to the treatment I have applied. The patient is absolutely temperate, and is now pure in life. Erectile power is very weak and of short duration. Nightly emissions are not very frequent now. Can he be restored? If so, how? E.

Ethics.

MR. EDITOR:—Please inform me in your next issue whether the National Medical Society changed the Code of Ethics, to the effect that a specialist is allowed to put on his sign "limited to eye and ear diseases," etc. B.

Answer.—No such change was made.

Dr. H. K. W.—There is no student's journal published in this country. There is one in London.

A Young Physician inquires whether there is anything in the materia medica which will hasten the tardy appearance of his moustache and whiskers. His beardless chin prevents his getting practice. We know of nothing of avail in his case, but hope some of our readers do, and will communicate with us, for his benefit.

DEATHS.

BLUNT.—At Cadillac City, Michigan, April 11th, Bessie Marshall, wife of Dr. N. W. Blunt. Also, at the same place, April 12th, Dr. Nathaniel W. Blunt, eldest son of the late N. B. Blunt, in the thirty-sixth year of his age.

FIELD.—At sea, of apoplexy, on the 19th instant, on board brig Britannia, from Trinidad, Dr. George Rochester Field, of New York, in the fifty-ninth year of his age.

HAYNEL.—At his residence in Dresden, Saxony, on the twenty-eighth of August, 1877, Dr. Adolphus F. Haynel, in the eighty-second year of his age. Formerly of Baltimore.

HILL.—On Saturday, April 20th, at his late residence, No. 215 Clermont avenue, Brooklyn, Dr. George Waldo Hill.

HUDSON.—On April 23d, 1878, in Camden, Arkansas, Percival Hudson, only son and child of Dr. Geo. W. and Mrs. Berenice Hudson, aged fifteen months, of gastro-enteritis.

NEVIN.—At Easton, Pa., March 17th, Dr. Joseph P. Nevin, in the twenty-seventh year of his age.

NEWCOMB.—Saturday, April 20th, Fannie I. Newcomb, wife of Dr. Obadiah Newcomb.

SUTPHEN.—On the 13th instant, suddenly, Dr. John C. Sutphen, at Plainfield, N. J.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** CEREBRAL CONGESTION, HEADACHE, INDIGESTION, BILE, HEMORRHOIDS, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. BELIN and TARDIEU, who prescribe it constantly for the above complaints, and with most marked success.

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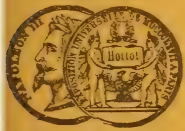

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DR. E. R. DOUGLASS."

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"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

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WHOLE No. 1107.] MAY 18, 1878. [VOL. XXXVIII, No. 20.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1107.] PHILADELPHIA, MAY 18, 1878. [VOL. XXXVIII.—No. 20.

ORIGINAL DEPARTMENT.

LECTURE.

ON METAL THERAPEUTICS.

BY WILLIAM A. HAMMOND, M.D.,
Professor of Diseases of the Mind and Nervous System, in the Medical Department of the University of the City of New York. April 18th, 1878.

GENTLEMEN :—Some two years ago, in looking up the subject of delusions and impostures, I came across a matter which, for the time, interested me, and which I made the subject of several experiments. This was the metal-cure, invented or discovered by Dr. Burq, of Paris. Allow me to read to you a few lines from a little work* I then published, which show what my impressions of this new system of therapeutics were at that time, and which also describe its general characteristics.

"In 1847, Dr. Burq, as he says, noticed, when he was mesmerizing a patient for hysteria and phthisis, in the hospital Beaujon, that as often as she was thrown into a mesmeric sleep the direct contact of certain metals was insupportable, while that of others was agreeable to the touch, or at least caused no signs of repugnance. If, for instance, he suddenly placed a piece of copper, iron or steel on her bare hand, or any other part of her body, she instantly, and sometimes in the midst of apparently the deepest sleep, repelled it roughly, often with an appearance of suffering, or even of anger, if the experiment was repeated too frequently. If a key, or a shovel, or iron tongs were placed upon her bed, near enough to her to make their influence felt, she instantly discovered them and got rid of them, either by a sudden movement, if the object was not fixed or large, or with her hand covered previously with something to insulate it, when a greater or more direct effort was required. The latter precaution was always carefully taken when, in order to open a door in her sleep-walking, she was under the necessity of slowly turning the key or the handle of the lock.

"If, however, gold or silver were placed in her hands, she showed much pleasure in handling them, provided the gold, and especially the silver, was not much alloyed with copper. If it were, her repugnance was in direct ratio to the extent of the debasement of the precious metal.

"Dr. Burq was much astonished at these results, though the exhibition of pleasure in handling gold or silver is no very unusual phenomenon. He determined, therefore, to investigate further, and accordingly performed the following experiment:—

"The patient being mesmerized, and her insensibility perfectly proved by a pin being stuck into her skin, he repeatedly applied to different parts of her body different pieces of money of nearly equal size. With the copper coins a few seconds were sufficient to restore sensibility, first in the parts touched by the metal, and then in the surrounding parts; whereas with the gold and silver nothing of the kind took place, except when, instead of the silver coin, he substituted another piece of the same metal, of inferior value by being an alloy.

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* "Spiritualism and Allied Causes and Conditions of Nervous Derangement." New York, 1876, p. 168.

"The patient died a few days afterward, before Dr. Burq could draw any decided conclusion, but he resolved, in spite of many difficulties, to pursue the investigation further, and in the course of three years built up the system of practice which he called 'metal cure.' He asserted that cases of anæsthesia, cramps, paralysis, etc., were cured by different metals, especially if the patient were hysterical. Epilepsy he could not manage at all. Brass was found a very efficacious metal in the treatment of hysteria; the mental quality which goes by that name is also valuable to the practitioner in like cases, and Dr. Burq appears to have had a good stock of both. But, notwithstanding the publication of remarkable results, the metal cure made little headway, and is now almost forgotten; and yet its efficacy is attested by as good evidence as any yet adduced in favor of mesmerism or spiritualism."

Now, as I have said, I performed, two years ago, a number of experiments according to Dr. Burq's method; but as they led to no different results from those I am about to show you, I let the matter drop, placing the whole system in the category with the "metallic tractors" of Perkins, the "powder of sympathy" of Sir Kenelm Digby, the "od force" of Reichenbach, and numerous other delusions of like character which have from time to time obtained a false position, to be overwhelmed by scientific investigation. You may judge, then, of my surprise to learn, a few months since, that so able and learned a physician as M. Charcot, of Paris, had become a convert to Dr. Burq's metal therapeutics, and was curing cases of hystero-epilepsy by placing bands or plates of brass or copper on the bodies and limbs of the afflicted patients of the Salpêtriére. Before, however, considering these and my own results more at length, let me explain to you a little more fully Dr. Burq's method of procedure. The source of my information is a translation, by Dr. Elliotson, of a paper furnished for a very remarkable periodical* he edited several years ago. I find that Dr. Burq submitted several communications to the French Academy of Medicine, which were referred to a commission, for inquiry and report, but after a careful search through the *Bulletin de l'Academie de Médecine*, I have been unable to find that any report was ever made; and Dr. Burq admits that when he came to exhibit his system to the Commission he obtained nothing but failures, although he had the advantage of selecting the cases he deemed most suitable for a display of its power. And at the séance of November 14th, 1854,* he withdrew two letters which, in 1852 and 1853, he had addressed to the Academy relative to the use of metals as preventives and curatives of cholera morbus.

"All affections of the nervous system," says Dr. Burq, "are characterized either by, 1, the absence of anæsthesia and amyosthenia (loss of the power of motion), or 2, the presence of these conditions"—a truism admitting of no dispute. And he concludes as follows:—

"Hysteria, hypochondriasis, the majority of spasms and neuralgias, or visceralgias, and we may add by anticipation even a certain number of forms of insanity, are only the same affection differently manifested, but every form of which, however diversified, arises from a defect of equilibrium between the healthy promotion and expenditure of the nervous influence. Only two kinds of symptoms constitute them: 1. Negative, or *a*nervous symptoms, arising from the more or less complete absence of the nervous element in the organs which display them. 2. Positive or hypernervous symptoms, which result, on the contrary, from excessive nervous afflux. 3. Anæsthesia and amyosthenia, occupying the highest place among the negative symptoms, may consequently be regarded as a sort of touchstone of the disease, calculated to point out the most suitable means of cure." And from these premises which, to say the least, embody very bad pathology, Dr. Burq concludes further—

"That a nervous affection with anæsthesia and amyosthenia being given, all the treatment consists in discovering an agent or means, whatever they may be (mesmerism, baths, gymnastic exercises, metals, employed internally or externally, etc.), capable of bringing back the sensibility and motility to the natural state.

"The best agent known, the action of which almost never fails, is a metal which is a good conductor of electricity; and that, according to certain affinities still a mystery to us, is in some cases copper, in others steel, in others silver, gold, etc."

The apparatus necessary, according to Dr.

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* "*The Zoist*; a Journal of Cerebral Physiology and Mesmerism, and their Applications to Human Welfare." London, July, 1852; October, 1852; and July, 1853.

* *Bulletin de l'Academie de Médecine, t.* xx, p. 193.

Burq, consists of a dynamometer, from twenty-four to forty little plates of all kinds of metals, pure or alloyed, and some pins of platinum and steel. On visiting a patient the sensibility and motility must be first ascertained; the former by pricking the skin with one of the pins, and the latter with the dynamometer. Then one or more of the little plates should be applied, beginning with those of copper or steel, to the parts where the sensibility is most defective, till we arrive at a metal which restores it. Then a ring of the same metal, from three to five inches wide, is to be put around the limb which is most anæsthetic and amyosthenic, and if after an hour or two the patient experiences a sense of tingling on the anæsthetic surface, heat and sweating, and a decided increase in the sensibility and strength, we have only to construct a "general armature," composed of two large rings for each extremity, two large plates for the trunk, and a crown for the forehead (if this latter should be deemed necessary), and we have put our patient in the best possible condition to insure recovery.

These appliances should preferably be put on at bedtime, and should remain two, four, eight, or ten hours, according to the intensity of the effects desired.

By this procedure Dr. Burq asserts that the cramps of cholera, various neuralgias, hypochondriasis, hysteria, amenorrhœa, chlorosis, paralysis, headache, insanity, etc., were effectually cured. Without further alluding to these results, or going into details, permit me to read to you the following report of one of his cases, as an illustration of his method of operating :—

"Hysteria, Chlorosis, Daily Vomiting for Many Months—Rapid Cure with Brass Rings.

"In June, 1850, a young hysterical and chlorotic girl, affected also with anæsthesia, amyosthenia, amenorrhœa, and dyspepsia, was two months in one of Dr. Rostan's wards, vomiting every day almost all the solids and fluids which she was prevailed upon to swallow. Iron, it is remarkable, had been prescribed in vain, as well as many other substances, and only pills of oxide of zinc had appeared to do a little good.

"Chance having led me to examine this patient, the eminent physician of the Hôtel Dieu kindly allowed me to try my treatment. I began by ascertaining the suitable metal, and it proved to be brass, in plates. Afterward the Committee of the Academy, many distinguished physicians, Drs. Jobert (de Lamballe), Hourteloup, Pasquier, Beau, Tardieu, and Gosselin, whom I had assembled to witness the power of the metals on sensibility and motility, and Dr. Rostan himself, and his numerous clinical pupils, had satisfied themselves that this metal, applied experimentally, removed the anæsthesia and analgesia at the spot of its application and nowhere else.

"On the 6th of June, in the evening, I made a general application of brass. The next day general and special sensibility had returned to three-quarters of the surface, and the muscular power had mounted to from ten to sixteen kilogrammes on the right side. The patient was greatly fatigued by the spoliation which the metal had effected, and even in the morning asked for food, and took it with pleasure, and digested it properly.

"In the evening, and on the following days, a fresh application of the brass armature was made at night; and after the second day of the treatment, sensibility and motility having become almost natural, the patient, who has not vomited subsequently to the sixth, is no longer satisfied with the full diet (four portions), and does all sorts of little jobs for the sister of the ward, to gain additional allowance. Five or six days more pass, during which the color of the skin shows a tendency to become natural, and the bellows sound lessens more and more in the two carotids.

"On the 16th and 17th the catamenia, which had been absent several months, returned so abundantly, under the influence of the metal applied to the stomach and lower extremities, that the patient fancied she was flooding.

"On the 18th, sensibility natural; pressure forty kilogrammes. We suspend the use of the metal, and gradually, first the anæsthesia and amyosthenia, then the attacks of indigestion and vomiting returned, and with the latter all the symptoms of chlorosis.

"June 26th. Analgesia of the upper extremities; diminution of taste and smell; pressure by the right hand twenty kilogrammes, instead of forty kilogrammes; weakness of the legs.

"I resumed the metals permanently, and the return of sensibility and motility again preceded the reëstablishment of the digestive functions, and the return of the healthy composition of the blood.

"At the end of two months the patient, being perfectly cured, left the Hôtel Dieu, after having acted as a servant in the wards for six weeks."

So much for Dr. Burq's original investigations.

During last winter, M. Charcot, of Paris, whom you all know as an eminent neurologist, delivered a lecture on this subject at the great Salpêtrière hospital, in which he announced himself as a believer in Dr. Burq's system, especially in the treatment of hystero-epilepsy. Two new features are declared by M. Charcot to have been discovered by himself: 1. Transfer phenomena are observed, and are said to consist in the transfer of anæsthesia, for instance, from one place on the arm to the exactly corresponding place on the other arm, and all through the influence of the piece of metal applied to the original insensitive surface. 2. The restoration of the faculty of discriminating between colors when this power is lost in hysterical patients. A girl, for instance, who could not tell one color from another, had the perception restored by a piece of gold ring held for a little while on the temple.*

But upon M. Charcot's observations I do not intend to dwell, for they are part of the current medical literature, and you can readily refer to them in the periodicals, should you desire to do so. I think I can show you in a few minutes just how much there is in Dr. Burq's metal therapeutics. You will probably discover that there is a good deal in it, but I scarcely think you will determine that it is exactly what he and M. Charcot declare it to be. I have here a small box containing several sharp needles of gold, steel, and platina, and a number of pieces of metals of various kinds, and of other substances not metallic. Among the metals are gold, silver, copper, steel, brass, zinc, bronze, lead, nickel, platina, tin, etc. Among the non-metallic substances are hard-rubber, wood, ivory, tortoise shell, etc. They are all of the size and shape of a twenty-five cent piece.

Now, I will call in from the waiting-room a female patient, an epileptic, and who is, moreover, strongly hysterical. I will give her to understand that I am about to apply a new system of medical practice, the accounts of which, from Paris, are very strong in its favor, as a curative agent in diseases like hers. I will tell her, that by the application, in a particular way, of a plate of gold to her arm, the nervous system will be so strongly impressed that she will experience very remarkable sensations in the part, and that in a short time thereafter the feeling of that and the neighboring regions will be entirely destroyed. But instead of using a gold disk I will take one of these of tortoise shell or ivory, and you will probably find that all the phenomena I have mentioned will be produced. I may fail, for I have made no experiments on this girl, and it is not every case that is favorable. A fact which Dr. Burq did not fail to remark.

[The patient, a girl of fifteen, now entered the lecture room, and Dr. Hammond, after describing the case to the class, addressed her as above, and then resumed]—

You see, gentlemen, that the sensibility is intact, for when I prick the skin of any part of the left arm, she winces, and the blood flows readily. I now press this little disk [tortoise shell] on the surface of the back of the wrist, and hold it there firmly a few moments. The patient says it begins to feel warm, and that a sensation of heat extends up the arm. In a minute or two longer I think the sensibility will be entirely destroyed, and then I shall stick this steel needle into the arm, and I venture to say she will not feel it.

[The lecturer waits about two minutes, during which time the patient repeatedly calls attention to the fact that she feels queer sensations in the arm. Suddenly she says the feeling is all gone; Dr. Hammond removes the disk of tortoise shell, and thrusts the needle into the arm beneath, to the extent of half an inch. The patient gives no evidence of sensibility, does not appear to know that the skin is pierced. Other punctures are made in various parts of the arm, above and below, and all are anæsthetic.]

You see, gentlemen, that the experiment has entirely succeeded. It would be perfectly easy to get like results from any part of her body. I will now ask her to leave the room while I explain the matter more fully to you.

You have seen what effects were apparently produced by the little tortoise-shell disk, which she took to be gold. I will now show you that when properly managed, exactly opposite effects can be got from the tortoise shell. You can, in fact, make it blow hot and cold with the same breath. I am going now to use the tortoise-

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"Metalloscopy and Metallo-Therapy Applied to the Treatment of Grave Hysteria." December 30th, 1878. London *Lancet*, January 19th, February 2d, and March 2d, 1878.

shell disk on the opposite arm, telling her that it is platina, a metal of which she does not know much, if anything, and that the effect will be to cause pain in the arm, and to make it more than naturally sensitive.

[The patient is again called in, and is told that a platina disk will be applied to the right arm, and that the effect will be to cause intense pain, and to render the arm very sensitive to the prick of the needle. The tortoise-shell disk is placed on the back of the right wrist, and it hardly touches the skin before she begins to complain of shooting pains up the arm, reaching even to the neck. These, as she declares, increase in intensity till the disk, at the end of four minutes, is removed, in order to obviate her sufferings. The skin is now barely pricked with the needle, and she screams with pain. Another patient, a woman suffering from apparent cerebellar disease, is introduced, and like experiments are successfully performed upon her. Dr. Hammond then continues.]

During the last two weeks I have cured several paroxysms of migraine by applying some one of the disks (it does not matter which) to the forehead, and have restored sensibility to a hemi-anæsthetic and hysterical lady by fastening disks of hard rubber to the arm and leg with bands of adhesive plaster, so that she could not see what was underneath. I have not tried to transfer anæsthesia from one side of the body to the other, or to restore the perception of color, but I will show you both these phenomena soon, and probably several others not discovered by MM. Burq and Charcot.

I will show you one of these, and you can practice it on yourselves. Doubtless in some cases it has something to do with the result.

I take this disk (it happens to be copper, but any other will serve the purpose) and press it on the back of the wrist for a few minutes while I go on talking. You will see when I take it off and stick a needle into the skin that the blood does not flow, and I will be able to tell you, with entire truth, that I do not feel any pain or even a sensation from the wound. I confess that when I first did this I was for a moment a little surprised, but I very soon perceived that the anæsthesia was due to the pressure of the substance on the skin, and resulted, no matter of what material the disk was composed, so long as the pressure was sufficiently firm. I now take off the disk and stick this needle through a fold of the skin, and I assure you that if I did not see it, I should not know it was there, from any sensation it causes. I pass round among you several disks and needles, and you may try this interesting but very simple experiment for yourselves.

But to return to our subject as understood by MM. Burq and Charcot. The former thought the results were due to some hitherto unknown quality of the metals; the latter, without being very positive, seems inclined to adopt this view. The principle of suggestive or expectant attention, which I have so often brought to your attention, was not recognized when Dr. Burq first wrote about metal therapeutics; but M. Charcot strongly repudiates the idea that any such factor has aught to do with the results. In this I am quite sure (as doubtless you are also, from what you have just seen) that he is altogether wrong, and that to this principle and to nothing else the results of metal therapeutics are to be ascribed. They are to be placed in the same category with those obtained from the metallic tractors of our countryman Perkins, and which Dr. Haygarth showed followed equally well on the use of wooden tractors painted to look like the metal ones. It is all nothing but suggestive and expectant attention. You tell the patient what she is to expect, and if she has confidence the prediction will be realized, whether it be an increase of strength a restoration of the perception of color, or the production of anæsthesia or hyperæsthesia. Why, there are dozens of cases on record of hysterically paralyzed men and women starting from their beds, or throwing away their crutches, under the influence of the fear of fire, or through the suggestive and expectant attention excited by the Zouave Jacob or our own Newton. We cannot deny these facts, any more than we can deny the facts of MM. Burq and Charcot; but instead of viewing them "unequally," as Czermak puts it, we go a little further than they, and show that it is not from any metallic influence that the phenomena result, but through the operation of a still more remarkable though well recognized principle. We have all seen this power exerted in various ways; we have seen the "biologist" keep the extended arm of his subject in the position in which he has placed it, cause him to taste all kinds of flavors and to experience a dozen different sensations. We have seen rheumatism cured by a piece of sulphur or a horse chestnut kept in the pocket, and even warts charmed away by incantations of various kinds. The history of medicine abounds with relations of famous systems of cures and wonderful remedies, whose whole power depends upon suggestive and expectant attention. How far the conscientious physician may legitimately use this power, I am not prepared to say. The patient is very apt to think with the Spaniard "*Hagare el milagro si hagalo Mahoma*," let the miracle be done, though Mahomet do it. It is nothing to him whether he be cured by the direct agency of metals applied to his skin or by expectant attention, so long as he is cured; but let us, at all events, understand the matter correctly ourselves.

COMMUNICATIONS.

ON THE TREATMENT OF ENLARGED PROSTATE.

BY WASHINGTON L. ATLEE, M. D.

Read before the Philadelphia County Medical Society, January 23d, 1878.

One of the most troublesome, annoying, and distressing diseases that I have been called upon to treat during a long professional career, and one whose treatment until recently has been most unsatisfactory, has been Enlargement of the Prostate. As this has been the universal experience of the profession, I need not collate and record the past history of the treatment of this malady. So far as a reduction of the size of the gland is concerned, it has been an entire failure. The mechanical obstruction to micturition was considered to be a permanent difficulty, and required mechanical means to overcome it.

Neither need I lengthen this paper by detailing the symptoms of this disease, as every member of this Society must be too familiar with them.

I wish merely to call your attention to a few anatomical, physiological, and therapeutical facts, which led me to institute a rational practice in the treatment of enlarged prostate, and which, I am happy to say, has proved highly satisfactory, and has surprised me in its results. My experience has now extended over several years, and although the success of the practice is, perhaps, not what many could wish, yet it accomplishes results heretofore unknown.

"The prostate is essentially a muscular body, consisting of circular or orbicular involuntary fibres, with one large central hole for the passage of the urethra, and another smaller oblique opening, directed upward below the former, for the transmission of the common ejaculatory seminal ducts to the central urinary canal. . . . .Its circular fibres are directly continuous behind, without any separation, with the circular fibres of the bladder." *Ellis.* "The prostate is thus essentially a circular involuntary sphincter to the neck of the bladder, and expeller of the seminal fluid; but although it contains many mucous glands and follicles, intermixed with muscular fibres, it is by no means entitled to the name of *gland.* It contains, further, a small vesicle or uricle, at the mouth of which the ejaculatory ducts open, and which is believed to be the male homologue of the female uterus." *Dewitt.*

Besides the involuntary muscular tissue which enters into the composition of the prostate itself, the vessels of the gland have also in their coats the unstriped or involuntary muscular fibre. The same exists in the coats of the bladder in a very marked degree.

These involuntary muscular fibres are more or less extensible, and, when normally or abnormally stretched, have an organic tendency to contract. This we see in the uterus, in the bladder, and in the diastole of the vascular system.

Now, these are the anatomical and physiological data on which I propose to base my treatment of enlarged prostate.

Let us further inquire into the pathological condition of this enlarged organ, and its consequent derangements:—

"The affection consists in a hypertrophy or enlargement of the natural muscular structure, and incidentally of the glandular. It may affect the whole organ, especially the lateral lobes, pretty uniformly, in which case the prostatic portion of the urethra is greatly lengthened; or it may affect one side more than the other, in which case the canal will be twisted; or it may affect the posterior median portion, which lies between the ejaculatory ducts, enlarging it into what is commonly called the *middle or third lobe.* . . . . Hypertrophy and derangement of the muscular fibres at and near the *trigone* may produce a transverse bar at the neck of the bladder. The enlargement, further, may be due to an increase of the organ generally; or to the development of one or many masses of fibrous tumor, exactly similar in structure to those connective masses of muscular fibre which are developed in the womb, and are commonly known as fibrous tumor." *Druitt.*

It is well known that in consequence of this enlargement of the prostate the accumulation of urine becomes excessive, the obstruction to its passage becomes serious, the coats of the bladder are enfeebled and semi-paralyzed, irritating deposits occur that are never voluntarily expelled, and that the catheter is the usual and only resource. Anything, therefore, which is calculated to diminish the size of the prostate and increase the contractile power of the bladder will meet all the indications required.

Have we any agent in the materia medica possessing the power to act upon unstriped muscular fibre and cause it to contract? It is settled now, beyond contradiction, that we have such an agent in *ergot*, and that in all cases of relaxed or stretched involuntary muscular fibre this medicine will meet the requirements. Witness, for instance, its action upon the enlarged uterus, the distended bladder, in hemorrhages, in congestion of the capillaries, etc. It is calculated not only to contract the muscular fibre of the prostate, but also its capillary vessels primarily, and also secondarily, as a consequence of muscular contraction, and thus diminish the size as well as the nutrition of the gland. It is likely to accomplish this not only in mere hypertrophy, but also in enlargement from myomatous growths, in the same way as it does in fibroids of the uterus. At the same time that the size of the organ would be lessened and the mechanical obstruction be removed, the power of the bladder would be augmented by the same agent, and the urine is thus expelled without the aid of the catheter.

I may reduce these views to the three following propositions :—

1. That the prostate and its vessels are possessed of unstriped muscular fibre.
2. That the bladder is a hollow organ, with an involuntary muscular coat.
3. That ergot will contract unstriped or involuntary muscular tissue, as it does in the uterus.

Therefore, as a corollary, ergot ought to be a remedy for enlarged prostate and its effects.

This was the theory on which I based the practice, and whether the rationale is correct or not, my experience in the use of ergot in such cases has been most satisfactory. Several patients over sixty years of age have been treated with ergot, and have been able to lay aside the catheter after having been the victims of its daily use. When called to a case of retention from enlarged prostate, my rule is first to relieve the bladder by means of the catheter, and follow this immediately by ordering twenty drops of the fluid extract of ergot every four hours, until the patient gets entire control over his bladder. Until this is accomplished, I continue to relieve him with the catheter every twelve hours. As his power of urination is restored I diminish the frequency of the medicine, and gradually end in giving a dose every night. A gentleman who died last month, at the age of ninety-two, was exceedingly ill in August, 1872, in consequence of retention of urine from enlarged prostate, and had to be regularly catheterized for relief. He was placed upon the above treatment, and in a few days was able to do without his catheter. His urinary organs were kept in a good condition by taking a dose of ergot every night, and he enjoyed much better health in consequence, and died recently, of old age. I mention this case in particular, because a post-mortem examination proved to me that the prostate had been diminished in size by the treatment.

In these cases it is very common for sedimentary deposits to accumulate in the bladder, which become a source of irritation and discomfort, and if the organ should fail to expel its contents entirely, it is best every few days to introduce the catheter to remove them.

GENU VALGUM.

BY WILLARD H. WORK, M.S.,
Of Albany Medical College.

This affection of the leg, most commonly known as "bowed leg," has received, provisionally and by different authors, various names. Technically known as *cnemoscoliosis*, and synonymously as *genua arcuata*, *g. convexe en dehors*, *genou arqué*, *g. valgus*, the adopted designation now generally given by English authorities, the definite name of *genu valgum*, is vastly preferable. In this country our system of medical names is, unfortunately, given without any regard to art, in a most unclassic manner; and thus the disease of which we speak is familiarly called "bandy leg," "scrog leg," "crook leg," etc., all of which are plainly significant. It is a disease that occurs in all classes and both sexes, and, as a rule, is commonly a disease of children. Like its allied lesion, *club foot*, it may be partially congenital, or acquired. It is immediately caused by a deficiency or softening of the osseous tissue of the tibia and fibula, which may cause a slight arcuatous deviation from the normal line, or consist in the most unsightly deformity. It has long been a maxim of mothers, that children who learn to walk before their bones are sufficiently ossified, are, as a rule, bow-legged. This homely maxim is entitled to our respect. Rachitic children always have more or less deformity of the legs, if they habitually use them too much. The tibia seems to be always the first affected, with a subsequent defect in the fibula. The osseous degeneration is speedy when once it has begun, and the deformity may show itself as swiftly.

The curve is generally lateral, bending to the direction of the external convexity of the bone, and may be double, as well as single. Cases of anterior curvature are not uncommon. Both limbs are usually affected, cases of the disease of one limb alone being considered rare, yet one limb may present a more striking deformity than the other. The general health may or may not be affected, this being in proportion to the strength of the constitution, but there is always a weakness of the entire osseous system, showing itself in malformations of different bones. It was formerly held that the contraction of the muscles served as an exciting motive power in pulling the weakened bone out of place, but the general opinion seems to be that the one cause is the superimposed weight of the body upon the enfeebled osseous structure. The muscles may have a normal contraction, but it is not such as to be an independent factor in creating a deformity.

The ossific process may occupy a longer or shorter time, according to circumstances. Much depends upon the hygienic surroundings and care which the patient receives. The careful mother or nurse, who is very attentive to her child, will be apt to notice early any commencing deformity, and knowing or suspecting its nature, seek to obviate it by consulting with a physician, and will herself interdict walking or standing. But such careful mothers or nurses are comparatively few. Some fail to notice any curvature, from sheer neglect; others because they will not. We have seen mothers evince anger because some more observing person has hinted that a child does not walk straight, and utterly refuse to believe anything is out of the way, even when deformity is apparent. Others notice the staggering locomotion, and see the deformity, but neglect it, fondly dreaming that the child will "outgrow it." From either cause, if the malformation is suffered to go on, the process of deformity is swift. The curvature will go on till it reaches a limit, when the earthy matter of the bone so in excess becomes impacted and refuses to bend further. Then, in course of time, the bone becomes ossified, and the patient is hopelessly deformed.

The treatment should, first of all, be prophylactic. Any child may have the disease; there is no such a thing as any special predisposition to it. In all children the earthy matter of the bones is deficient, and under the same general conditions one child is as liable to have it as is another. Some children develop earlier than do others, and may walk earlier, but there is no sensible parent but should know when a child is able to walk. They know when they are forcing a child to do more than is natural, and more than it is able to. The child will walk in its own time if it is let alone, and then there will not be the least danger of any abnormality of the bones. It is perfectly foolish for parents to make the babe of a few months walk. Says an old English writer, "Ye go-cart does make many a childe scrog-legged." Fortunately the go-cart of our foremothers has gone out of fashion, but the practice of precipitately learning the baby to use its limbs still obtains. Let the child learn to walk at its own pleasure, and cases of genu valgum will be reduced to a minimum.

But by one means or other, the patient has developed the disease. The child is brought to the practitioner with a varying degree of deformity, according to the length of time the affection has progressed. Perhaps already the distortion is considerable and a shortening is strikingly apparent. The parent fears for the worst, and is anxious to have the surgeon alleviate the difficulty. The diagnosis is made as soon as the child is stripped, and the mother's own impressions of the nature of the lesion are not often at fault. The casual glance reveals all. The practical physician understands the surgical pathology of the disease, and knows that delay is dangerous; what is to be done must be done immediately, before the disease has made further progress.

Therapeutical measures may be observed if necessary. The tone of the general health must be raised, during the surgical treatment, to a normal standard. The phosphates may be given, but it is best to wait until the deformity is relieved before attempting to build upon the osseous structure. The same law here obtains as in the treatment of rachitis. Nutritious food must be given, care being taken, also, that the limbs be sufficiently protected by clothing. All use of the limbs must be positively forbidden, and the importance of this measure impressed on the parents. It is manifestly important that all exciting causes be removed and the progress of the disease stayed. Such an end it is not difficult to accomplish.

Different authors hold to different methods of surgical treatment. The purpose in view is to bring the limb into its normal line by counter-pressure over the excurvation. The most simple plan of treatment is by a light, strong and well-padded splint, bound upon the inside of the leg and inserted by a socket into the heel of a closely-fitting boot. This method is sufficient in the largest number of cases, and constant application until the limb is perfectly straight is necessary. The relative elasticity of the osseous tissues is so great that there is scarcely ever any difficulty in bringing the limb into its normal line, and the means should be continued, to retain it in this position.

In the more severe cases a splint on each side may be necessary. We think Messrs. Tiemann & Co. have an apparatus made of steel and covered with webbing, which is sometimes used. It is a somewhat complicated apparatus, and in no wise equal to the simple splint bound by adhesive straps. A plaster-of-paris bandage, applied over a light splint, has been successfully employed, but by many is thought objectionable, as causing a continued pain, whereas the splint, if merely strapped on, can be removed at the will of the surgeon.

Mr. H. H. Bigg, of London, has recommended an apparatus which is described as consisting of "two stout uprights inserted into the side of a boot and attached above to a metal band fitted to the posterior surface of the leg, and fastened by means of straps around the head of the tibia. The requisite degree of pressure is made with two leather bands secured to the vertical pieces, and laced in front. In the antero-lateral or double curvature, the apparatus must be so constructed as to bear simultaneously against the front and side of the limb." The utility of this contrivance has been questioned, and yet it has never been demonstrated as useless. It is not largely used in this country. There are other complicated apparatuses, not in general use, of which we need not speak here.

When the case has become more complex, and there has already begun a process of ossification, the measures to be taken are to consist essentially as in minor cases, but should be longer continued and modified to the circumstance. But another class of patients are brought to the surgeon—a class in which the disease has been allowed to run until there is a most unseemly deformity. The relative prognosis depends upon the extent of the ossification. The services of the skilled surgeon are needed, and the most thorough measures of treatment are indicated, and the hopes of perfect success are poor. The means to secure the relief in common use in this country, when the disease has reached its worst stages, consist in fracturing the bones, and then overcoming the distortion by means of the splint, allowing the fracture to knit together as in treating a simple fracture. Care must be taken that the fracture be fully reduced, the achievement of which is sometimes difficult. Some authorities advocate perforating the bones through the skin at several points, until, by weakening the bony structure thus, the splint can straighten the limb to the requisite degree. This measure is in successful use in Scotland, and to some extent in England. Spence, of Edinburg, is understood to disfavor it, but we have no reference to his reasons. If it be efficiently executed there is no danger, and a cure is easily facilitated.

Tenotomy has been pronounced useless in this disease, the best authorities strongly deprecating it.

Through the kindness of Dr. W. H. Van Buren, of Bellevue Hospital Medical College, New York, I have the pleasure of presenting the following extract from a letter from Dr. William MacCormac, the well-known surgeon to St. Thomas' Hospital, London, in relation to the disease in question. The treatment here marked out by the English surgeon will be new to many readers, and is not, I think, given in our general text-books on surgery.

Dr. MacCormac says: "Recently I obviated a bad double *genu valgum* by the method suggested by Ogston, by sawing the internal condyle obliquely off, and pulling it upward while the limb was straightened. I did this with complete success on the two limbs, the deformity being great. . . . A fine saw was introduced through a puncture made by a tenotome (strong). The place of puncture was that marked with the x. [Reference is here had to an outline drawing of the deformity which accompanied the letter, and from which we infer that the puncture was made just above the internal condyle.] There was not a trace of febrile reaction, and the result is a straight limb with perfect motion."

This treatment by the English authority seems to be worthy of attention. It is, of course, a possibility that in the hands of an unskillful or careless physician, harm might be done. The cautions necessary in such an operation will be apparent to the surgeon. The advantages of such a method of treatment, as a *dernier resort* in this affection, are many.

HOSPITAL REPORTS.

BELLEVUE HOSPITAL, N. Y.

CLINIC OF PROF. WM. H. THOMSON,

Of the Medical Department of the University of the City of New York.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Cancer of the Liver, and its Diagnosis.

GENTLEMEN:—I have a case of abdominal tumor to show you to-day, and one which is especially interesting to us just now, from the fact that, like the case upon which I dwelt for some time yesterday, at the clinic in the college buildings, it is characterized by icterus. In the present instance, however, the jaundice is considerably more marked than in the other. But aside from this yellow discoloration of the skin and conjunctiva, the two patients have scarcely any symptom in common. The jaundice is probably due to a totally different cause in the two cases, and therefore they present a strong contrast, which I think it will be of service to study with some care. Most of you will, no doubt, recall the young man who was before us yesterday, with a well-marked jaundiced condition of the conjunctiva and skin, the discoloration of the latter being especially seen about the scalp and the forehead. When I asked him whether his urine was of a darker color than natural, he replied, you will remember, that it was, and that he had noticed this change in it for several weeks before the yellow hue appeared upon the skin. He also stated that he had a cough, which had at first been short and hacking, and that, at the same time, he suffered from an aching between the shoulders. The latter seemed to be situated between the scapulæ and extending to the shoulders, but evidently more severe in the right one than in the left. The patient did not complain of any acute pain, but he said that he had a dull aching in the side. He also stated that he had little or no appetite, and generally experienced a sense of oppression after eating.

In this case we were able to exclude stoppage of the biliary ducts by a calculus, for the following reasons: In the first place, if there had been a calculus, the change in the color of the urine would not have preceded that in the skin and conjunctiva, as we have seen was the case here. If a calculus had been the cause of this trouble, we should have had pain in the hepatic region as the first symptom, and after that discoloration of the urine and jaundice of the surface of the body along with it. The pain would, no doubt, have preceded the jaundice from three to five days, and the discoloration of the urine by at least twenty-four hours. Secondly, there was not the acute pain here which is characteristic of the sudden occlusion of the duct by a stone. In the third place, there was an absence of the chills, vomiting and eructations of wind, which are also characteristic of this condition. Fourth, the ingestion of food did not, in this case, give rise to the acute pain which it would have done if there had been a calculus present. When there is a calculus, there are certain classes of food which especially cause pain, and among these may be mentioned all hot or very cold things, as well as fatty and sweet articles of food.

Hence we came to the conclusion that the patient was suffering from an affection which quite commonly results from taking cold, viz; catarrhal jaundice. The man is a baker by occupation, and consequently frequently exposed to sudden changes of temperature. He stated that before his trouble commenced, while greatly overheated on one occasion, he went out into the cold, and then had a chill, after which there followed a dull aching in the right side. We may, therefore, infer that there was a catarrh of the biliary ducts, their mucous membrane becoming swollen, and thus preventing the passage of bile into the intestine. But such a catarrhal inflammation is apt to extend to the cells throughout the liver, and sometimes eventually to give rise to peri-hepatitis. This latter is equivalent to a pleurisy when the inflammatory process is in the thorax, and is, indeed, much more liable to follow catarrhal jaundice than is pleurisy to follow bronchitis. We noticed that cough was one of the symptoms; and this, no doubt, was due to the irritation caused to the phrenic nerve. Not unfrequently, however, there is diaphragmatic pleurisy also. The patient, then, had all the symptoms of catarrhal jaundice, and such being the diagnosis, all we had to do in the way of treatment was to endeavor to restore the biliary ducts to their normal condition.

In such a patient as we saw yesterday there is usually a certain amount of gastritis as a result of the portal obstruction, and this is characterized by more or less vomiting. In acute inflammation we need a vascular sedative, such as local depletion, and so, when the gastritis is acute, I am in the habit of ordering three leeches to be applied to the pit of the epigastrium. It is far better than any other remedy with which I am acquainted, to control the vomiting. But if the gastritis has continued for two months or more, we then need a vascular stimulus, and a blister should be applied to the epigastrium instead. We may also assist in exciting the liver to action by means of the galvano-faradic current, and by inunctions over its surface with the oleate of mercury. In yesterday's patient the liver was only very slightly enlarged, and this is the ordinary rule in such cases, unless the hepatic disorder is associated with malaria.

The case which we have before us to-day is of an entirely different nature, and one in which the diagnosis is necessarily somewhat obscure. It presents a contrast to the other one in several respects; and in the first place I would call your attention to the marked emaciation which is here present. Many individuals are naturally thin, and it would be manifestly incorrect to say that they were emaciated; but there are three points where we ought especially to look for evidences of genuine emaciation when disease is present. These are, first, the eyes, which become sunken on account of the absorption of the cushion of fat upon which the ball rests; and the wasting is also well marked in the appendages of the eye. Secondly, there is a sharpening of the nose, and the alæ are also noticed to be shrunken; and, third, there is a thinning of the ears. In the case before us you will notice, moreover, the peculiar facial expression, due to the drawing down of the corners of the mouth, which, as you know, is indicative of some abdominal trouble.

This patient being a Pole, and not able to speak much English, it has been very difficult to get a satisfactory history of his case; but the physical examination reveals several important points. In the first place, both on inspection and palpation, we at once detect a distinct tumor in the hepatic region. That it is a real protuberance, and not a swelling due to tympanitis, either general or local (such as is frequently seen in gastritis), is shown by the fact that the outlines of the ribs can be distinctly seen. In abdominal explorations inspection is of the utmost importance. In examinations of the thorax the ear principally affords us information, and the sense of hearing is the most reliable of all the others; but here it can assist us but little. Let us now dwell for a moment upon the shape of the abdomen. If the distention observed were caused by gas, we should find a round and uniform outline characterizing the swelling. Then, too, the umbilicus would retain its natural appearance, or its depression would probably be increased; while if there were fluid in the peritoneum the depression would be obliterated, or the umbilicus actually be protuberant. When there is local tympanitis, the tumor, of course, corresponds with it, and the most common form is that of the stomach. There is, then, a protrusion in the epigastric region, and it is generally tender on palpation. If the patient takes a long breath, the respiratory act is seen to affect the lower part of the abdomen almost entirely; and when there is gastritis present, it is noticed that the ribs on the left side do not move as freely in respiration as those on the right.

Perhaps it would be well to digress for a moment here, to say that patients with gastritis, and especially those who are of intemperate habits, are very apt to suppose that they have trouble with the heart; and when you are in practice, scarcely a week will pass when some such patient does not present himself. They have more or less pain in the cardiac region, and often experience considerable difficulty in going up-stairs, because the sudden descent of the diaphragm (occasioned by the exertion) upon the tender stomach causes what is known as a "stitch in the side." The interruptions of the heart-beats, sometimes noticed, are also due to the same cause.

In typhoid fever the tympanitis commences in the right iliac fossa, and from thence extends along the ascending, transverse, and descending colon, giving rise to the so called "tub-shaped belly," for while the swelling follows the course of the large intestine around its outer portions, the centre of the abdomen is apparently depressed. So characteristic is this appearance, that in many instances we can decide, by its being present, that the case is one of typhoid fever, when the diagnosis would otherwise be in doubt.

If, on the other hand, there is fluid present, it is important to find out whether there is effusion into the peritoneum, or whether we have a cyst to deal with, such as is found in ovarian dropsy. Here it is necessary to ascertain where the free border of the tumor is situated, just as in organic disease of the heart we want to find out where the murmur is most intense. In ovarian cyst the free border of the sac can be felt superiorly, but not inferiorly, as the mass extends down into the pelvis, while just the reverse of this is true in ascites proper. In solid tumors of the abdomen, also, it is equally important to discover the free border. This, of course, is to be mainly done by palpation, but before speaking of the other points to be gained by this means, I may mention one more in connection with respiration, viz, the importance of watching carefully, to observe what difficulty, if any, is produced by the movements of respiration.

To go on, now, with the subject of palpation—If the tumor is solid in character, it may either be a uniform enlargement with a smooth surface, or one with a rough and irregular outline. We ought, therefore, to try to educate our sense of touch to appreciate the differences presented by different varieties of abdominal and other tumors, so that we may be able to distinguish pretty clearly between scirrhous masses, fecal accumulations, aneurisms, etc.

In the case now before us we find a very solid abdominal tumor presented to the sense of touch. It extends beyond any natural boundaries of the liver, which again we are led to examine, first, on account of the yellow discoloration of the skin; showing, as it does, that the functions of the liver are interfered with. By palpation, we find some irregularity in its upper portions, but nowhere on the mass is there any sensation of fluid. We decide that the protuberance belongs to the liver and not to the stomach, by observing the effect of respiration. When the patient takes a deep inspiration, you perceive that the whole tumor is pressed downward; while if it were connected with the stomach, this would not be the case. Is there any other organ beside the liver, tumors involving which thus move downward with the effort of inspiration? Yes, the spleen. Tumors of the stomach, on the other hand, are not thus affected by respiration (unless they are attached to the diaphragm); and the same is true of abdominal aneurisms. This is a very important diagnostic point; for you will find that there can be no enlargement of either the liver or the spleen, unless the mass is pressed downward with inspiration, and recedes again with expiration. In this connection, I may mention a case which recently came under my notice, in which there was a tumor in the right iliac fossa, with a rough surface, not unlike that of an orange, to the feel. There was a deep depression between it and the liver, into which I could place my two fingers, yet, nevertheless, when the patient took a deep inspiration, it was pushed away down into the pelvis. On the strength of this alone, I expressed the opinion that it was connected with the liver, notwithstanding its apparent distance from that organ. It was evidently malignant, and the patient has since died; but I have not as yet been informed of the result of the autopsy.

Some time since I met with a tumor in exactly the same position as the one in the present case, which was even larger in size; but instead of being forced downward, it moved upward, during inspiration. I decided, therefore, that it was not connected with the liver, and made the diagnosis of fecal accumulation, of five years' standing. It took a whole year's systematic effort to get the large intestine clear of the immense quantity of excrementitious matter; and it was a perfect mystery to understand how it could remain there so long without causing complete occlusion of the bowel, and thus killing the patient. Three years before I saw the patient he had made an application for admission to the police force of this city, but had been rejected, on account of the presence of this tumor. Tumors of the kidneys, enlarged glands, and pelvic tumors, are not affected in position by respiration.

In the present case, so far as inspection and palpation are concerned (with the exception of the fact that the mass moves downward in inspiration), no very important information is to be obtained. The tumor is solid, but not very irregular in outline, and besides occupying the whole region of the right lobe of the liver, extends beyond that, downward and to the left. In such cases nothing is more important than to find out just how far we can go in assigning significance to symptoms. In regard to the point of immediate danger, they are very much like cases of organic heart disease. There may be valvular lesions, hypertrophy and dilatation, and yet the heart sounds will be exactly the same, whether your patient is in imminent peril or no immediate danger whatever. No heart sound and no heart enlargement is dangerous *per se*, until the organ is no longer able to empty itself. Then the danger commences; and this perilous condition may be accompanied by very few symptoms. So in regard to tumors of the liver. Their mere position, extent, and feel to the touch, tell you, indeed, that there is something wrong in this locality, but give you little or no indication of what the real trouble is. The danger to the patient is quite independent of the size and character of the tumor; and I would have you understand that this is a point of no little importance. In order to appreciate the real danger to be apprehended in any case, we must take into consideration the past history, and study it very carefully.

Then, the emaciation is a prominent element in the history of this case, and the patient states that he has lost at least thirty pounds within the last six months. It is a fact that no jaundice can occur without more or less rapid emaciation following; and it makes no difference whether the jaundice is catarrhal, or due either to the obstruction of the ducts by calculi, or by pressure from without. So long as it continues, cholæmia undoubtedly tends to produce emaciation. Therefore, we must not lay too much stress on the presence of emaciation; but there is this point about it, that emaciation from cholæmia is like the thinness of those naturally spare, in that it affects all portions of the body alike.

But there are certain diseases which have the effect of producing emaciation in particular parts, and I think that in the present instance we have more than the simple thinning caused by cholæmia. Such emaciation as I refer to is produced by waxy degeneration of the liver, but that condition is to be excluded here, from the fact that it is unaccompanied by jaundice. Then, again, we never have waxy liver without other organs also being similarly affected. So cirrhotic patients, as a rule, are not jaundiced, though slight icterus occasionally occurs in this condition, and it is very apt to be associated with cirrhosis of the kidneys, spleen, and other organs.

Might not this be a case of malaria? This must be excluded, on at least two grounds. If the patient were suffering from malaria he would, of course, have febrile symptoms, and he would feel but little pain. Here, on the contrary, there are no febrile symptoms, and the patient suffers from the most intense pain. This is felt not only in the side, but in the back, and is considerably aggravated when he lies upon the back. In addition, I may mention that he has not had dysentery, which so commonly occurs in bad cases of malarial poisoning; nor has he resided in a malarious region.

Next we come to consider the question of hydatids. But these growths usually affect the left lobe of the liver principally, and beside, give rise to very little pain. Then, if they were present, the liver would not be as hard on palpation as it is here, and would give to the examiner a sensation of the presence of fluid.

By a process of exclusion we have, therefore, arrived at the diagnosis of malignant disease of the liver. As positive signs we have the real emaciation and cachexia of cancer, the extreme pain from which the patient suffers, and the roughened feel of some portions of the surface of the organ, which would seem to indicate that we have to do with a case of scirrhus. The jaundice is, of course, to be explained by the pressure of the cancerous mass upon the biliary ducts.

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a conversational meeting held at the Hall of the College of Physicians, Philadelphia, January 23d, 1878, Dr. Henry H. Smith presiding, Dr. Washington L. Atlee's paper on the Treatment of Enlarged Prostate (see p. 388) was read by Dr. T. M. Drysdale. A vote of thanks was tendered to the author, and the subject opened for general discussion.

Dr. James Tyson said that about fifteen months ago he had under treatment an old gentleman, eighty years of age, suffering from great irritability of the bladder, pain, loss of rest, and other symptoms referable to enlargement of the prostate gland. Upon adopting the recommendation of Dr. Atlee, to try ergot, he obtained a remarkable result after a few doses of the remedy, at first giving a dose of twenty drops of the fluid extract four times a day, subsequently increased to half a teaspoonful. In the course of a few days the patient experienced great relief, and he was able to reduce, and soon afterward to discontinue the remedy, the patient feeling more comfortable than he had for a long time. Some time after the old gentleman took cold, and the disagreeable symptoms returned. At this time he was able to relieve him completely in a short time by the free exhibition of the drug. He concluded, "I am satisfied that we have in this agent a valuable remedy for the cases under discussion. I have only been able to try it in one other case, which is now under observation, in which, however, the trouble is of gonorrhœal character. In this case I have not seen any benefit as yet, although half a drachm of the remedy has been given persistently every four hours. This, however, does not belong to that class of cases for which Dr. Atlee recommends the ergot, and in which it is certainly remarkably efficient."

Dr. T. M. Drysdale. The treatment of enlarged prostate by medical means can be narrowed down to a very small space, and be very briefly considered. We have only four or five remedies that are considered of any avail in the relief of this affection. So far as I am aware, the only prominent agents that have been used are the bromide of potassium, extract of cicuta, muriate of ammonia, iodine and its preparations, and mercury. From the bromide, temporary relief is sometimes obtained, but I never saw any good results from the muriate of ammonia in these cases. The injections of iodine into the gland I have not tried, nor have I used mercury to any extent, but the other remedies named have all been resorted to in my practice, and the experience thus obtained verifies that of others, that but little reliance can be placed in them. Many years ago, at the suggestion of Dr. Atlee, I commenced the use of ergot in these cases, and the trial of it has confirmed what he has stated in his paper. It has proved a far more satisfactory remedy than any other, and from my experience in its use I should say that ergot was *the* remedy for enlargement of the prostate gland.

Dr. F. P. Henry. Ergot was recommended a number of years ago by Bumstead, for irritability of the bladder, in connection with iron, and in this combination he had used it with good results in the irritability of the bladder following gonorrhœal infection.

Dr. C. B. Nancrede. The condition of this gland in old cases of gleet is, as was pointed out by Dr. Gleason, really one of chronic prostatitis, and therefore approaches the pathological state of enlarged prostate in old people. Theoretically, then, the ergot, if useful in one class of cases, might be equally beneficial in the other. The idea, however, that enlargement of the prostrate gland is a common disease among elderly people is wrong. Only about thirty-seven per cent. show increased size, and only twelve per cent have marked enlargement.

Dr. O'Hara had used ergot internally in cases of irritable bladder with good effects, and also in the form of suppositories. Injections of ergotine have been recommended for hemorrhoids, and he suggested its hypodermic use in enlarged prostate.

On True Stercoraceous Vomiting.

Dr. W. R. D. Blackwood remarked that at a former meeting of the Society he had reported a case of intussusception, and was surprised to find exception taken to his remarks on stercoraceous vomit. Since then he has observed seven cases where this undoubtedly occurred, and he had positive evidence of the vomiting of fecal matter. The first case was one of intussusception of the bowel, somewhere in the transverse colon, and the matters vomited had an undeniably stercoraceous appearance and odor. In a case now under treatment where there is obstinate constipation, overcome only by the aid of enemata, the patient told him that, after the injection she vomited freely, and could taste the salt that had been placed in the enema. In order to test the truth of this statement, he gave the patient a rectal injection, containing barley, which, in about fifteen minutes, appeared in her vomit, whereas she previously had not eaten barley for several years. In this case he had prevented any attempts at deception by giving her an injection containing starch, which he afterward discovered in the vomit by testing with iodine, and established the fact beyond doubt. He was surprised that the occurrence of stercoraceous vomiting could be denied, or the statement made that the ileocæcal valve would absolutely prevent regurgitation. Watson, in his "Practice," doubts the fact, but evidently had never seen a case. In the cases referred to, the stercoraceous vomiting took place in presence of the doctor, and consequently evident proof of its occurrence was thereby established.

Dr. Stetler remarked that the gentleman has not shown that in the cases reported the ileocæcal was in a state of integrity, which to that extent lack the element of demonstrations. When this valve is normal, he regarded it as competent as the valves of the heart, to prevent regurgitation of both solids and fluids. Nature's works are perfect. Were this not the case in the present instance, in every patient with chronic constipation the contents of the large intestine might regurgitate and be delivered *per os.* In such cases we would likewise be annoyed by the fecal odor in the breath. He admitted the valve might be interfered with by force or disease, and its normal function prevented and overcome; but he believed that physiologists were agreed that while the valve remained in a perfect state, it performed its duty of absolutely closing the orifice against regurgitation from the large to the small intestines. Turning to our authorities, we find that Prof. Leidy says: "When closed the free edges of the valve come into contact, so as to prevent the return of matters from the large into the small intestines." Kirkes and Paget state it thus: "But complete security is afforded against the passage of the contents of the large into the small intestine, by the ileo-cæcal valve."

Dr. C. B. Nancrede objected to the expression "inverse peristalsis" in cases of so-called stercoraceous vomiting. The contents of the lower part of the ileum smell very much like true stercoraceous matter from the large bowel, and might deceive any one unfamiliar with their appearance. Peristalsis is always in one direction, but in accordance with the hydrostatic law of a reversed axial current, if an obstruction is met, the fluids will flow in the direction of least resistance, *i. e.*, along the middle of the intestinal tube, while the current along the walls is going in the other direction.

He could scarcely believe it possible that an injection could pass through thirty feet of intestine, in an abnormal direction, in fifteen minutes, and called attention to the fact that almost any fluid from the stomach would give the reaction for common salt. In the first case mentioned by Dr. Blackwood, there might have existed a connection between the large and small bowel high up. In ordinary cases, stercoraceous vomiting, properly so called, does not occur. The contents of the small intestine may be vomited, but not after they have passed the ileo-cæcal valve.

Dr. Tyson, being appealed to by Dr. Hamilton, stated that, personally, he had made no experiments nor observations in regard to the competence of the ileo-cæcal valve, but the opinion of physiologists generally would confirm the view that, under certain unusual circumstances, this valve would permit regurgitation. In regard to inverse peristalsis, he believed that, on a former occasion, he had stated that he considered it possible. On exposing a portion of the small intestine in one of the lower animals, and irritating it by pinching with the forceps, the wave of peristalsis may be seen flowing in both directions. The explanation offered by Dr. Nancrede is the one advanced by the late Dr. Brinton, of London, but I think the tendency among physiologists is to refuse this explanation. The odor of the stercoraceous matter said to be vomited is probably due to the complicated series of changes which take place on the addition of the pancreatic juice to the matters which have passed from the stomach to the small intestine, resulting in the production of leucin, lyrosin, stercorin, and other obscure chemical compounds. It is questionable whether true fecal matter, that is to say, the contents of the large bowel, are ever made to pass back through the ileocæcal valve, although medicated injections may be made to do so; but as Dr. Blackwood has seen this, I am willing to believe that it is possible.

The Influence of Pregnancy in Phthisis.

In the *Nice Médical*, February, 1878, Dr. A. Lebert says that for a long time it was believed that pregnancy arrested or suspended the progress of pulmonary phthisis. In 1850 Grisolle affirmed that pregnancy aggravated the phthisical condition. Dr. Lebert's observations support, in the main, those of Grisolle; but he finds that the results of labor are more pronouncedly deleterious than those of pregnancy. Out of 33 phthisical girls who married, 10 died in their first labors. He is of opinion that the physician should discourage marriage in any young girl who has shown at any time symptoms of tuberculosis.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Condition of the Skin in Tinea Tonsurans.

Dr. George Thin, of London, in a recent paper, gave an account of the appearances seen in sections through the entire thickness of the skin of a horse affected with ringworm. The author alluded to the evidence on which the identity of the disease in that animal and in man had been established, and to cases in which the trichophyton tonsurans had been transmitted from the former to the latter. The skin was examined in both the earlier and the advanced stages. The spores of the trichophyton tonsurans were found among the most superficial scales of the horny layer of the epidermis. They were found in the cutis only on the shaft of the hair, and between the shaft and the internal root sheath. The spores in no instance were found in the root sheaths, the hair root, or hair papilla, nor in the connective tissue surrounding the hair follicle; that is to say, the spores were never found in actual contact with living tissue, the space between the internal root-sheath and the hair shaft being analogous to the most superficial stratum of the horny layer. The affected hair first bent, and then broke at a point usually midway between the rete mucosum and the hair root. This the author attributed to the disintegrated hair yielding to the pressure produced by the normal growth of the hair shaft upward. The changes found in the tissues of the cutis and rete mucosum were sometimes extensive, and were similar to those found in inflammation, from whatever cause it arose. The spaces between the bundles of connective tissue were more or less infiltrated with colorless blood corpuscles (pus cells); the walls and immediate neighborhood of the blood vessels being thickly studded with them. Retrogressive changes were found in the nuclei of the cells of the rete mucosum, and at some parts the epidermis had completely broken down, leaving the cutis denuded. In the latter case the surface was found covered with pus cells. Small localized abscesses were found in the external root sheath and in the rete mucosum. The cell infiltration descended along the veins to the deepest parts of the cutis. The author, finding these well-marked inflammatory effects in tissues which contained no vegetable organism, suggested that they were due to the irritation which is produced by the absorption of soluble matter set free during the growth of the fungus. The parasite found its pabulum among effete epidermic structures, and could only assimilate by decomposing them. This theory seemed to be the only reasonable one, because the effects produced were far in excess of those which might be expected to follow the distortion of the hair. The incapacity on the part of the fungus to exist in living animal tissues explained the *modus operandi* of the very numerous methods of curing ringworm. Many of the substances applied were simple irritants, while the parasiticides in common use were also irritant. Inflammation, when sufficiently acute, cured ringworm, as was shown by the fact adduced by the author, in which a simple wound through a ringworm spot cured the whole patch. It was thus that the beneficial effect in chronic cases of a continued slight congestion was explained. The author further pointed out the probable injurious effect on the general health of the continued absorption of the irritating matters produced by the growing fungus.

On So-called Milk Fever.

At a meeting of the Obstetrical Society of Dublin, in March, Dr. Macan read a paper on this subject, in which he gave an exhaustive *résumé* of the theories held regarding the etiology of milk fever from the time of Willis, who attributed it to the accumulation in the blood of easily fermentable menstrual particles, which had failed to escape as milk from the breast, or as lochia from the uterus. The term "milk fever" was, he said, of great antiquity. But, in these days of critical investigation and general skepticism, the propriety of the term, nay, even the existence of any such disease, had been called in question. His conclusions on the subject were the result of thermometric observation of 423 pregnant women in the Rotunda Hospital. In 114 of these, the rise in temperature during the whole period of observation never exceeded one degree Fahr. And, if Wunderlich's fever limit of 100.4 degrees Fahr. be accepted, there were 196 cases in which the temperature never rose to fever height. In 32 cases, the only cause for a rise in temperature was a painful condition of the breasts. In many of these the fever lasted over twenty-four hours, the longest duration being five days. The temperature was often greatly out of proportion to the pulse: temperature 104.4 degrees Fahr., with pulse 108; or temperature 103.5 degrees Fahr., with pulse 92, as occurred in two of Dr. Macan's cases. In septic infection, on the other hand, the pulse was too quick for the temperature. The difference was important from a diagnostic point of view. The conclusions which he drew from his statistics may thus be briefly stated:—1. No rise in temperature necessarily accompanied the first secretion of milk. 2 Pain and distention of the breasts might cause fever, but it was different from the so-called milk fever; the latter seldom lasted twenty-four hours, while the former, coming on some days sooner, often did. 3. In the fever due to distention of the breasts, the pulse was sometimes slower than the temperature would lead us to expect. 4. In cases of fever the mere presence of full breasts was not sufficient justification for at once concluding that no serious puerperal affection was present.

Puerperal Antiseptics.

Three papers by Langenbuch, Schülein and Richter, in the *Zeitschrift für Geburtsh. und Gyn.*, report the extensive adoption of antiseptic measures for the prevention of puerperal infection in their respective hospitals. Richter's observations were made in the Charité Hospital, at Berlin, where, especially after complicated labors, injections into the uterus were made for prophylactic purposes, and were continued throughout the puerperium. In all, about three thousand injections were made. The carbolic solution most frequently employed was a 2 per cent. solution. At first, a 3 per cent. solution was used; but, if repeated frequently, it was reduced to 2 per cent., as the former often caused carbolic acid to appear in the urine. Considering the numerous complications, the results were very favorable, being a mortality of 1.6 per cent. of all the women delivered, and of 4.83 per cent. among the cases in which the injections were used. Schulein, in the University Obstetric Clinic of Berlin, in the winter *semester* of 1876–77, treated two hundred and six out of two hundred and eighty-seven lying-in-women immediately after delivery by prophylactic injections of the uterus with a 3 per cent. solution of carbolic acid. This injection was employed whenever in the lying-in bed frequent rises of the pulse and temperature occurred. A glass tube was at first used, and a double current catheter afterward. Under this treatment, with eighty-one cases of illness among the two hundred and six, or 28 per cent., the deaths amounted to only seven, or 2.4 per cent.; only one occurring from septic causes, one in a woman on whom Cæsarean section had been performed. Langenbuch has since 1872 employed drainage of the puerperal uterus in order to afford a free outflow of the secretions. His experience shows that this treatment is quite innocuous. In one case, the drain remained nineteen days *in utero.* He recommends this treatment where septic infection already exists, in order to prevent a new invasion of septic material; and also as a prophylactic measure when the cases seem to offer a doubtful prognosis.

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—Twenty-fourth street, New York, is to-day, in the number of physicians it contains, what East Broadway was in olden times. From this circumstance it is facetiously known as "Pill Row."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The "Vest-pocket Anatomist," by Dr. C. Henri Leonard, of Detroit, gives, in sixty 18mo pages, the details of human anatomy from Gray's excellent treatise. It is a carefully-made synopsis, very useful for students, though, from the smallness of the type, rather trying to the eyes. Price 50 cents.

——"Hæmaturia as a Symptom of Disease of the Genito-Urinary Organs," by Dr. O. Hoff, of San Francisco, is a monograph of fifty pages on this important sign. He examines it as significant of either disease of the urethra, the prostate, the bladder or the kidneys. Ten wood cuts are inserted, illustrating pathological appearances and operations. The essay is carefully prepared. Lindsay & Blakiston, Phila. Price 50 cents.

——The *Transactions* of the American Dermatological Association, at its Meeting in 1877, make a pamphlet of forty-two pages. The address of the President, Dr. C. White, occupies about half this space. It is upon dermatology in America. A valuable contribution to the American bibliography of this specialty is appended to the address. An interesting fact illustrative of the rapid growth of the specialty is, that while ten years ago there was not a single officially recognized representative of this branch among the medical instructors of the United States, there are now no less than sixteen.

BOOK NOTICES.

Synopsis of the Diseases of the Larynx, Lungs and Heart. Comprising Dr. Edwards' Tables on the Examination of the Chest, with alterations and additions. By F. De Haviland Hall, M.D., Lond. London, J. A. Churchill, 1878, 8vo. pp. 35.

Dr. Hall has here made an attempt to classify, in tables that will readily strike the eye, the signs and symptoms of thoracic disease. He has had much experience as an instructor of students, and his success is considerable. In a very few pages he has condensed a great amount of information, and in a form easy of access. It is intended as an epitome to supplement lectures, not as a work for independent study.

THE
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A WEEKLY JOURNAL,
Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the Reporter, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the Reporter, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

3. For one new subscriber to both Compendium and Reporter, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet.*

In all cases the remittance for the new subscriber must cover one full year's subscription.

THE SANITARY VALUE OF THE BEAUTIFUL.

One of Theodore Parker's favorite topics, one which he handled in his lectures with inimitable grace and power, was the influence of the beautiful in common life. He showed how the cultivation of the æsthetic faculties lifts men above many sordid qualities of their nature, and brightens their lives.

The positive influences which he so well depicted on the average man in health, is still more strongly visible in many conditions of disease. It has been justly urged that it is not sufficient to have sick rooms and hospital wards clean and quiet. They should be rendered cheerful with light, home-like in pleasant furnishing, even moderately gay with decoration, and grateful to the senses of sight and smell with colors and odors.

One of the plans which has been put into operation in this and other cities to effect this, and with much success, is through "Flower Missions." We have at previous times alluded to these beneficient organizations, and do so again, in view of the season of flowers which is now beginning. How much good it does to many a poor invalid to see the bright and fresh bouquet by his bedside, can hardly be known except by those who have passed weary days on the couch of sickness. In every city which boasts a hospital there are certainly many kind-hearted women who need but the suggestion of this beautiful charity to have it organized and carried out.

It is gratifying, also, to note that the bare, white walls of hospital wards are likely, in the future, to be ornamented and embellished in a more cheerful manner than by the inscription of grim precepts and ominous warnings. An English gentleman last year offered, under certain conditions, to expend ten thousand dollars in decorating the wards of the London hospitals, and though difficulties were encountered which prevented his carrying out the design, the suggestion has taken root, and will ultimately be generally adopted.

In the last report of the trustees of that admirably conducted institution, the Massachusetts General Hospital, occurs the following paragraph, which we would commend to the managers of all similar establishments :—

> "In this connection we may intimate that a real service may be rendered to the Hospital by the gift of pictures, engravings or photographs, or by contributions of money specially to defray the expense of painting and decorating the walls and ceilings of the wards. An object of beauty upon which the eye may rest, and which it may study day after day with increasing interest, will shorten many a weary hour of convalescent life."

The longing for the beautiful is an integral part of animal nature, and for aught we know, of vegetable nature too. The lilies of the valley still precede in glory the richest woofs of art, and the burnished feathers of the dove have tints beyond Turner's palette. To neglect these hints of physiology in the treatment of disease is not the part of wisdom. How much we may profit by them we cannot yet say, but the analogy is fair, that the gain from their judicious application will be considerable.

NOTES AND COMMENTS.

Therapeutical Notes.

SCURVY.

A physician in Australia, where scurvy is frequent among settlers in "the bush," says, in the *British Medical Journal*, that in all such cases he orders bottled porter and mixed pickles, and never fails to effect a prompt cure.

ACUTE LARYNGITIS.

Dr. T. Whipham gives, in the *Medical Times and Gazette*, the following, as an admirable combination in acute laryngitis :—

℞.	Vin. antimon.,	fl℥ss	
	Vin. ipecac.,	♏x	
	Potass. acet.,	℈j	
	Spts. æth. nit.,	fl℥j	
	Potass., nitrat.,	℈ss.	M.

Sig.—To be given every four hours.

RHAMNUS FRANGULA.

This purgative is coming into fashion again. It is of ancient renown. An English writer quotes the following from the *Pharmacopœia Londinensis*, or the *New London Dispensatory*; as also the *Praxis of Chymistry*, by William Salmon, Professor of Physick; 1682. Chap. 2, of Barks. II. "Frangulæ alni nigræ, of the black alder tree. The inner bark purgeth both flegm and choller, by stool and vomit. An infusion of it, taken for some mornings together, helps the rickets, cachexia, dropsy, jaundice, itch, or mange, causing a good appetite and a healthful constitution."

DIGITALINE INJECTIONS.

Professor Gubler, of Paris, states that after having made many attempts to utilize the active principles of digitalis in subcutaneous injections, he believes that he has attained his object. He uses a solution containing .2 per cent. of Homolle and Quevenne's amorphous digitaline in equal parts of water and alcohol. One gramme of this solution contains two milligrammes of digitaline. He injects half of the contents of the syringe; that is to say, one milligramme of digitaline, and obtains all the effects of digitalis. These injections do not bring on any local accidents.

Adulteration of Cream of Tartar.

Dr. Squibb, of Brooklyn, at a recent society meeting, gave some interesting statistics as to his experiments on the purity of this drug, in which he had found samples as offered for sale to vary from 10 to 92 per cent. of pure cream tartar, the adulterations consisting of tartrate of lime and terra alba. He also told how one could go to stores in New York where he would be taken into a room in which a sample table is set with different grades of terra alba. One, you are told, will make a beautiful, bright cream tartar, another a dull one, and so on, from one end of the table to the other, each having a particular use.

On Chrysophanic Acid.

The uses of this acid are increasing. The ointment is usually made half a drachm to the ounce. Of its use in obstinate general psoriasis Mr. A. Sangsten gives examples in the *Lancet*. In two cases the trunk and limbs were washed night and morning with soft soap, the latter being used pretty vigorously over the diseased patches. Afterward, a weak ointment of chrysophanic acid (five grains to the ounce, in one case seven grains to the ounce) was rubbed on the affected parts. A tight-fitting linen vest was worn next the skin, and the limbs were bandaged. No inconvenience was experienced, excepting in one case a trifling erythema, or, as it seemed rather, a false erythema, produced by staining of the epidermis. The patients were kept in bed. There was intolerance of arsenic in both cases, so that a carbolic acid mixture thrice daily was ordered.

Both patients remained under the above treatment about a month, and left the hospital "cured;" that is to say, the disease had disappeared from the surface, the places where it had been on the trunk were not discernible, and but faintly so on the limbs, as smooth, slightly erythematous patches.

Preservation of the Brain.

M. Oré, of Bordeaux, says the *British Medical Journal*, employs the following method for preserving the brain. He removes the membranes with great care, and plunges the brain into alcohol, 90°. Four days afterward, he passes pieces of cotton between the convolutions. The alcohol is changed every five days for twenty or twenty-five days. He then wraps the brain in three folds of linen, placed one over the other, and kept in place by India-rubber bands, and places it in a stove heated to 45 or 50°. Cent. (113 or 122° Fahr.) during 15 or 20 hours, taking care to place the preparation in the lower part of the stove at some distance from the gas furnace which warms it. The linen envelopes are removed; the brain is then covered with several white coats of India-rubber varnish. The brain thus prepared is then submitted to the galvano-plaster process.

Bernouilli on Croupal Bronchitis.

Bernouilli relates, in the *Deutsches Archiv*, vol. xx, a case of primary croupal bronchitis attacking a compositor, sixteen years of age, who had suffered as a child from scrofula, and had the signs of stenosis of the mitral valves. After the patient had suffered for a long time from simple bronchial catarrh, and expelled daily three or four fibrous casts, there could only be discovered, in connection with this, one painful place on the left side below the axillary line, where *râles* were perceptible. After two or three days, these symptoms disappeared, but they returned again at the end of one, four and eight weeks. These casts were thrown up especially during the night. Bernouilli has found the treatment by croupous bronchitis with inhalations to be without any success, and so also the treatment by emetics. He recommends that the patient be ordered to take deep respirations in order to excite the impulse to cough, and thus expel the casts mechanically.

Formic Acid, its Origin and Uses.

This acid is said to be a very potent antiseptic, far surpassing carbolic acid. It is also used as a counter irritant.

Ordinary formic acid is made by heating together to 110° C. equal parts of dry oxalic acid and glycerin, until no carbonic acid is evolved. The pure concentrated acid is obtained by decomposing the formate of lead by sulphuretted hydrogen, and might contain lead.

A singular source of it has lately been brought to notice. A chemical examination of the dead Rocky Mountain locusts, by the United States Entomological Commission, shows that these insects furnish a new oil, which will be christened caloptine, and a very large percentage of pure formic acid. Though this acid exists in the ant and some other insects, it is with difficulty obtained in large quantities; whereas by the action of sulphuric acid upon the locust juices, it passes off with great readiness, and in remarkable quantity and gravity.

Valerian, Atropia and Ergot, in Diabetes Insipidus.

Dr. Reuder, in *La France Medicale*, relates an interesting case of polyuria, accompanied by supraorbital neuralgia, vertigo, with loss of consciousness, excessive thirst and hunger, with emaciation and loss of strength, although the patient consumed a considerable quantity of food. The urine contained no trace of sugar; the quantity was about ten quarts a day. The urea eliminated by this means in the twenty-four hours amounted to from about 1250 to 1400 grains. Before having recourse to ergot of rye, tincture of valerian was first tried for this patient, in the dose first of fifteen minims, and soon afterward of half a drachm. Under the influence of this treatment the urine diminished by nearly a quart. Sulphate of atropine, in the dose of one milligramme (.015 grain) at first, then two, daily, produced a similar improvement; but no advantage was found in persevering in this course, since the appetite diminished with the valerian, and the thirst increased with atropine. Ergot of rye was then tried. The success with this agent was remarkable. In eight days the urine fell to 1600 grammes, and the urea to fifteen grammes, in the twenty-four hours; the emaciation was stopped; the strength returned; whilst the thirst and the excessive desire for food also disappeared.

We believe Dr. Da Costa, of this city, was the first to recommend ergot in this disease (*Transactions College of Physicians*, 1875).

The Cure of Acute Phthisis.

Dr. McCall Anderson, in his recently published *Clinical Lectures,* considers this a curable disease. He records several cases which were treated with feeding every half hour, stimulants, and a pill containing quinine, digitalis, and opium, every four hours. Hypodermic injections of one-hundredth part of a grain of sulphate of atropia, he says, controlled the sweating: subsequently, cod-liver oil was administered. Of one serious case treated in this way, the author says he was discharged "as healthy a lad as one could wish to see." Several other cases recovered. The author himself admits that, owing to the fact of recovery, there is no ocular proof that the disease in question was acute phthisis; but he does not hesitate to say that, whatever the disease was, the treatment "cured it."

Odors of the Insane.

As complementary to Dr. Hammond's curious observations mentioned previously in the REPORTER, (cur. vol. p. 96), we add some remarks by Dr. Laehr, in the Zeitschrift für Psychiatrie, Bd., xxxiv. He instances a doctor at Halle, afflicted with insanity, accompanied by delusions, during which he emitted from the skin a very penetrating odor, which he thought particularly pleasant, though no one else was of that opinion.

Dr. Laehr gives several other instances where puerperal mania, or mania accompanied by disorders of menstruation, was attended with a peculiar smell from the skin. Two cases are given of circular insanity, where the period of disquiet was attended by an exhalation from the skin having a characteristic smell.

Dr. Laehr believes that in these instances the secretion of sweat was greater than usual, and that the peculiar exhalation must have been due to a special action of the nerves upon the sudoriparous glands.

CORRESPONDENCE.

Poisoning by Paris Green.

ED. MED. AND SURG. REPORTER :—

In the number for April 27th, Dr. G. Arnold Mills, of New York city, lays great stress on the efficacy of Wyeth's dyalised iron in a case of poisoning by Scheele's green. Here, in the home of the potato beetle, Paris green is sold almost by the ton, for the purpose of destroying that insect. Accidents now and then occur by young children getting at the poison, or to adults, from a careless handling of the substance. Yet, during a residence in this country of seven years, I have not heard of a case of fatal poisoning from Paris green. I will narrate a typical case of each variety of the accident, as observed in my own practice, some time in July, 1875.

C. C., aged three years, got hold of a package of Paris green, and when found was vomiting the green pigment copiously. His mother beat up the white of eggs in milk and gave him constantly all she could induce him to drink until I arrived. I was sent for at once, distance four miles. Being told by the messenger the nature of the case, I prepared a quantity of the hydrated sesquioxide of iron, by precipitating the mur. tinct. with aqua ammonia and washing the precipitate, and made all haste to the patient. When I arrived at least an hour had elasped since the little fellow was discovered at the poison. I commenced to give the iron by filling his mouth with spoonfuls of the pasty mass, and then compelling him to swallow water by pouring it into his mouth and holding his nose, and I did not desist until he had swallowed an ounce, at least, of the moist pasty iron. Then we plied him vigorously with the milk and albumen, with ipecac combined, and had the satisfaction soon of seeing it come back more or less altered in appearance. After a stay with the little fellow, of two hours, I ordered a half ounce of castor oil and saw it administered, and then returned home. Upon visiting him again next day, found him at play, only a trifle paler than usual. His mother said he did not vomit after he took the oil; bowels moved copiously in two hours, and continued to do so at short intervals until some three motions were had, when he went to sleep and slept quietly all night, and so recovered, without any further attention.

Crothes, adult, male, engaged in sprinkling the Paris green, in substance, mixed with wheaten flour, on potato plants, to kill the larvæ of the Colorado beetle. At the end of about two hours found himself suffering from nausea, and felt an intolerable itching and burning sensation in the skin on the inside of the thighs, and involving the scrotum, perineum and buttocks. Being compelled to quit his work and go to the house, a few rods off, he found himself vomiting and much prostrated by the time he could get there. His employer sent for me. I found him retching at intervals, but bringing up only a little viscid mucus. The parts described as itching by the messenger were now much inflamed, and were smarting intolerably. Gave him internally hyd. ox. precipitated by ammonia from a solution of the sulphate protoxide, and used locally a solution of the sulph. protroxide ℥jss to the quart of simple water. This lotion, for the moment, increased the local pain to an almost intolerable degree, but it passed off in a moment, the inflammation in the skin subsiding almost like magic. He had been careless, the day being windy, and had doubtless inhaled more or less of the dust, and it had also insinuated itself under his clothing, to the skin, and acted as a local irritant. He was able to resume his work as a farm hand next day.

G. LAW. M.D.

Greeley, Colorado, May 1st, 1878.

On the Treatment of Carbuncle.

ED. MED. AND SURG. REPORTER.

Seeing the article in the REPORTER of May 4th, reminds me to report the following case:—

Was called, April 23d, to see Mr. E. W., a man aged sixty-eight years, of good constitution; said he had a boil he wanted me to see; had been coming about ten days. I found on the left gluteal muscle, about three inches from the anus, a carbuncle with a very angry look, with eight or ten small points, from which exuded a show of matter, the inflammation extending three or four inches each way. It was very painful, depriving my patient of sleep day or night. He had been wetting it with a solution of carbolic acid and poulticing with flaxseed. I put on a spanish fly blister, two inches square, and covered it with the same poultice; gave an anodyne. April 24th. Blister has drawn well; pain very much relieved; has slept well; inflammation around the sore much relieved, which was puffing in the centre; continued the poultice. April 25th. Opened it with a free incision; not much discharge but blood; wet it freely and put on the same poultice. After this the patient made a rapid recovery.

I think the blister in the early stages very valuable, and very much hastens the recovery by relieving the inflammation and breaking down of tissue. I have treated several cases with carbolic acid, generally with success, but like the above treatment the best of any I ever used.

R. H. SABIN, M.D.

West Troy, N. Y.

The Bezoar Stone.

A physician in Arkansas writes us that he has in his possession a genuine American bezoar stone, from the stomach of a white buck. These concretions are esteemed among hunters and the uneducated classes to possess great medicinal virtues. It is needless to say that no countenance whatever is given to this superstition by men of science.

NEWS AND MISCELLANY.

American Medical Association.

PHILADELPHIA, 1400 PINE STREET,
S. W. Corner Broad.

The Twenty-ninth Annual Session will be held in the city of Buffalo, N. Y., on Tuesday, Wednesday, Thursday and Friday, June 4, 5, 6 and 7, 1878, commencing on Tuesday, at 11 A. M.

SECTIONS.—"The Chairmen of the several sections shall prepare and read in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. * * * *"—By-Laws, Art. II., Sec. 4.

Practice of Medicine, Materia Medica and Physiology.—Dr. A. L. Loomis, New York, Chairman; Dr. J. H. Etheridge, Chicago, Ill., Secretary. Committee appointed to report to this Section: On Clinical and Meteorological Records, Dr. N. S. Davis, Illinois, Chairman.

Obstetrics and Diseases of Women and Children.—Dr. E. W. Jenks, Detroit, Mich. Chairman; Dr. H. O. Marcy, Cambridge, Mass., Secretary.

Surgery and Anatomy.—Dr. Henry H. Smith, Philadelphia, Pa., Chairman; Dr. E. T. Easley, Little Rock, Ark., Secretary.

Medical Jurisprudence, Chemistry and Psychology.—Dr. Walter Kempster, Oshkosh, Wis., Chairman; Dr. E. A. Hildreth, Wheeling, W. Va., Secretary.

State Medicine and Public Hygiene.—Dr. J. L. Cabell, University of Va., Chairman; Dr. E. J. Marsh, Paterson, N. J., Secretary.

The following Committees are expected to report:—

On Prize Essays.—Dr. E. M. Moore, Buffalo, N. Y. Chairman.

On Necrology.—Dr. J. M. Toner, Washington, D. C., Chairman.

On Catalogue of National Library.—Dr. H. C. Wood, Pa., Chairman.

On Recommendations in President Bowditch's Address.—Dr. N. S. Davis, Illinois, Chairman.

Amendments offered by Dr. S. C. Busey, T. D. Fitch, N. S. Davis and X. C. Scott, are to be acted on.

It is probable that several railroads will carry delegates to Buffalo and return for one and one-third fare. Such roads as agree so to do will be announced in the Journals.

From Philadelphia to Buffalo and return, one fare and a half. From Baltimore to Philadelphia and return, $4. The Canada Southern and Wabash Railroad will give excursion tickets to delegates to the American Medical Association, and their families, for half the usual fare. They can procure tickets for the round trip by presenting their certificates of appointment, for *one* full fare.

This arrangement reduces the fare one-half from St. Louis, Toledo, Detroit, and through connecting lines to Buffalo, thus reaching the whole Southwest.

Wm. B. Atkinson, m.d.,
Permanent Secretary.

The chairman and secretaries of the several sections of the American Medical Association are requested to send in (by title) the papers to come before them, with the time for reading; also, all gentlemen having papers to present not referable to the sections, will send as above, without delay, to Thomas F. Rochester,
Chairman of Committee of Arrangements, Buffalo, N. Y.

Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

The third annual session will be held at the Asylum for Idiots (Dr. H. B. Wilbur's), Syracuse, on Saturday, June 8th, 1878, at 9 a.m.

The following papers will be presented and discussed:—

1. "The Relation of Speech or Language to Idiocy." Dr. H. B. Wilbur, Syracuse.
2. "The Laws of Heredity as defined in the conditions of Idiocy and Imbecility," Dr. G. A. Doren, Columbus, Ohio.
3. "The Brain; Relation of Function to Organization or Development," Dr. D. A. Morse, Columbus.
4. "The Recent Progress in the Treatment of Idiots," Dr. E. Seguin, New York.
5. "Education of the Imbecile," Dr. O. W. Archibald, Iowa.

The appointment for Saturday, June 8th, is made, so that members who desire may attend the American Medical Association at Buffalo, and return from thence, after the adjournment, to Syracuse, on Friday, June 7th.

The meeting of our Association will hold over the following Monday.

Isaac N. Kerlin, *Secretary.*

Association of American Medical Editors.

The regular annual meeting of this Association will be held on Monday evening, June 3d, 1878, at the Tifft House, Buffalo, N. Y. All editors of American medical journals are eligible for membership, and are cordially invited to be present and participate in the meeting. Address by President J. G. Gray, on "Lunacy Laws."

F. H. Davis, m. d., *Per. Secretary.*

International Hygienic Congress.

Among the numerous international assemblages which are being organized for the forthcoming Paris Exhibition, there is one bearing the above title, which, it is stated, is founded under the patronage of the French government, Professors Bouchardat and Gubler being among its chief promoters. A long programme of the subjects to be discussed during the first fortnight in August has been printed by several of the Paris journals.

Personal.

—A correspondent writes that Mr. Griffin, whom we referred to on page 360, was born in Simsbury, once a part of Granby, Hartford county, Conn. Connecticut keeps a record of births. Chedorlaomer Griffin is the son of Nathaniel Griffin and Abigail, his wife, and was born the 22d day of April, 1774, and has now completed his 104th year. The record at Simsbury is open to any one who wishes to consult it, and may be depended on.

Items.

—Correction. In the prescription for salicylic acid on page 358, the dose should read one tablespoonful instead of one teaspoonful.

—An epidemic, of what character is not stated, is raging in Medellin, Isthmus of Panama. Many are dying, wanting proper attendance.

—The committees of the small-pox asylums report that the disease is epidemic in England, as strong as it was a year ago, there now being 850 cases.

QUERIES AND REPLIES.

Ethics.

Mr. Editor:—Is it a violation of the Code of Ethics for physicians to bid against each other for pauper or poor practice, by entering into competitive bidding, at the request of boards of supervisors, or those whose duty it is to furnish medical and surgical aid in such cases? J. W.

Clinton, Ill.

Ans.—It is not a violation of the Code of Ethics, but it is a proceeding injurious to the good standing of the profession.

MARRIAGES.

O'Neal—Hay.—On the 23d ultimo, at the residence of the bride's parents, in Philadelphia, by the Rev. W. H. Munroe, Walter H. O'Neal, m.d., of Gettysburg, Pa., and Martha A., third daughter of Alexander Hay, Esq.

Townsend—Brisbane.—In Philadelphia, on the 23d ultimo, at the Church of the Holy Trinity, by the Rt. Rev. William Bacon Stevens, d.d., ll.d., assisted by Rev. William Suddards, d.d., Dr. Eugene Townsend and Ellen B., daughter of Dr. William Brisbane, of this city.

DEATHS.

Adgate.—In East Hardwick, Vt., April 17th, Mary Fisk, wife of Dr. L. W. Adgate.

Jones.—April 22d, at the residence of her husband, J. F. Jones, in Wayne Tp., Armstrong Co., Pa., Mrs. Elizabeth Jones, aged forty-four years, two months, and one day.

Roosa.—In New York, on Thursday evening, 9th instant, at her late residence, No. 20 East Thirtieth street, Mary Hoyt Blake, wife of Dr. D. B. St. John Roosa, and daughter of Stephen M. Blake, of this city.

Temple.—In Sadawga, Vt., April 12th, Dr. Cyrus Temple, aged forty-nine years.

Wood.—In Brattleboro, Vermont, April 5th, Dr. George Wood, aged seventy-nine years, and seven months.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1108.] PHILADELPHIA, MAY 25. 1878. [Vol. XXXVIII.—No. 21.

ORIGINAL DEPARTMENT.

LECTURE.

THE GALVANIC TREATMENT OF BED SORES AND ULCERS.

BY CHARLES K. MILLS, M.D.,

Neurologist to the Philadelphia Hospital, and Lecturer on Electro-Therapeutics in the University of Pennsylvania.

Reported by GEO. S. HULL, M.D., Resident Physician.

Bed sores are among the most disagreeable and troublesome complications of chronic diseases of the nervous system. In such affections as cerebral or spinal softening, chronic spinal meningitis, and the various forms of sclerosis, unless the greatest care is taken, and even sometimes in spite of close attention and proper precautions, annoying and obstinate sores will form on those parts of the body subject to pressure or attrition, or to the action of irritating discharges. You should, of course, be on the watch to prevent their occurrence ; an ounce of prevention in such cases being emphatically worth a pound of cure. Among the most useful means, both of prophylaxis and cure, I need only mention the use of the water bed and of air and water cushions.

Charcot, the distinguished French neurologist, has pointed out the curious fact, that occasionally, in cases of cerebral hemorrhage, a few days after the "stroke" an acute bed sore or eschar will form on the buttock of the paralyzed side, long-continued pressure having nothing whatever to do with its production. In rare instances the sore occurs on the sound side. In a case of this kind, usually, at first an erysipelatous blush makes its appearance, in the centre of which a vesicle is soon seen, and this breaking down, a formidable sore rapidly results. The large bed sore which you see on this woman, who is prostrate from an attack of right hemiplegia, corresponds, in its history, to the description of Charcot. It covers, you observe, a large portion of the right buttock.

If, notwithstanding your careful attention, bed sores occur ; if you find them present on being called for the first time to a case ; or if the acute bed sores of Charcot should form, it is important to know how they can most promptly and effectually be combatted.

Plans of treatment without number have been tried and recommended. Brown-Sequard strongly advocates the use of alternate hot and cold applications. For ten or fifteen minutes, daily, sponges soaked in hot and cold water can thus be employed, or ice bladders alternating with hot poultices may be applied. The effect is to stimulate the circulation and to promote the formation of granulations. The simple water dressing, the use of carbolized oil, and washes of carbolic acid and potassium permanganate, stimulation with solution of the nitrate of silver and sulphate of copper, packing with iodoform powder, the application of charcoal poultices and of various ointments, and powdering with oxide of zinc, are other methods, used singly, or some of them in combination, doubtless all more or less familiar to you. I wish, however, to-day, to speak to you of a plan or treating bed sores, which, in my experience, has proved highly efficacious, and which, although not new, is but little employed. The method to which I refer is attributed by Hammond to Crussel, of St. Petersburg (*Neue Med.*

Chirurg. Zeitung, No. 7, 1847, p. 235). It consists in the use of the galvanic current supplied by a single pair of metallic plates.

In a small volume of interesting "Lectures on Electricity and Galvanism," by Dr. Golding Bird, published as a reprint by William H. Hazzard, of Philadelphia, in 1854, the action and value of feeble currents of electricity are ably discussed. He recalls the classic experiment of Galvani on the frog, and the investigations of Aldini, Matteuci, Marshall Hall, and others, in animal electricity. He adduces facts to illustrate the effects that can be produced by a single pair of plates. Aldini placed a zinc plate in the mouth of a recently killed ox, and a piece of silver in the anus; on connecting them with wire, the abdominal muscles were convulsed, and a discharge of fæces occurred. Achard, of Berlin, repeated this curious experiment on himself. Humboldt connected a piece of metal in the beak of a dying linnet with another in its bowels, when, in an instant, the bird appeared to be resuscitated, it opened its eyes, stood up, flapped its wings, breathed for eight minutes, and then quietly died. He then experimented on himself, blistering a small surface over both deltoid muscles, placing on the raw surfaces plates of zinc and silver, and joining the plates by a wire. Shocks and muscular contractions were experienced. The blister to which the silver was applied soon healed, the other discharged for a long time.

Dr. Bird gives the details of a case of hemiplegia, treated, with very marked improvement of the paralytic symptoms, by metallic plates. Two blisters were formed, one about the insertion of the deltoid, and the other above the posterior part of the wrist-joint. A plate of zinc, with a copper wire attached, was applied to the upper, and one of silver to the lower. Over each plate water dressing was applied. A large slough formed under the zinc plate, and some pain and spasmodic action were at times produced in the muscles of the arm.

An electric moxa which will take the place of the ordinary issue, seton, or cautery, may be formed in this way by the action of metallic plates, through the application of zinc to one blistered surface and silver to another. The plates, after the experiments of Dr. Bird, were tried by Mr. Hinton and others, in the treatment of indolent ulcers and scirrhous cancer, the silver plate being applied to the sore in the former case, and the zinc in the latter.

In an appendix to Dr. Bird's Lectures is an interesting letter from Mr. Spencer Wells, on the use of metallic plates in the treatment of ulcers and similar conditions. Mr. Wells was at that time, some thirty years since, a surgeon in the English Royal Navy. In October, 1847, he wrote a paper on certain sanative effects of galvanism, which was published in 1848, in the *Medical Gazette.* It contained a short statement of the results of the application of plates of zinc and silver, connected by a silver wire. The statement was drawn up after reading reports of upward of forty cases furnished by students of the Civil Hospital at Corfu, these having been treated by a very able naval surgeon, Dr. Cogevina. Mr. Wells subsequently applied the plates in many cases of ulcer, and in a few of fistula, fungous granulations, and nervous disorders.

I will briefly recapitulate some of the facts and conclusions brought forward by Mr. Wells. The two metallic plates should be smooth and clean. One, usually that of silver, is applied directly to the sore, the other to the body a few inches above. The zinc plate is moistened with vinegar or an acid solution, and is placed on the skin without the intervention of any other substance. When the zinc is laid on an excoriation, and the silver on a suppurating surface, an eschar, and eventually a deep slough, is produced under the former. When the zinc is placed on an ulcer with an indolent or lardaceous base, a soft slough is formed, which separates in two or three days, leaving healthy granulations. In the cases in which these experiments were tried by Mr. Wells, the silver was applied to a natural or artificial abrasion below the position of the zinc.

The healthy granulations left by the zinc plate rise rapidly to the surface level, if the silver plate is now put in the position before occupied by that of zinc. Mr. Wells says most emphatically that he has found no means so capable of uniformly producing a rapid growth of healthy granulations as galvanism used in this manner. He speaks of the successful treatment of contagious sloughing ulcers, and of annular ulcers produced by what sailors call a "burn with a rope." The zinc plate destroys flabby exuberant granulations or fungous growths, but is not as good as ordinary caustics for this purpose. The silver plate should not be left upon the granulating surface after this has reached the level of the surrounding tissues, or the granulations will become exuberant, flabby, and sometimes fungous. When the silver plate is applied on the superior part of a very large ulcer, this only improves in appearance, while the inferior portion degenerates; but if the plate be placed upon the lower portion only, the whole surface of the ulcer improves equally. Where several ulcers exist upon a limb, and the zinc is applied to a superior, and the silver to an inferior one, or to denuded surfaces, all the ulcers situated in a direct line between the two plates improve in appearance, become healthy sores, and cicatrize, while those on either side of the current remain unaltered and sometimes degenerate. When the silver is applied upon the extremity of a fistulous sore, but little effect is produced; but, if a projecting portion of the silver be carried to the bottom of the fistula, granulation rapidly follows. This plan answered perfectly in a case of perineal fistula.

These, gentlemen, are some of the striking results arrived at and published by Mr. Spencer Wells, thirty years ago. Professor Hammond, in his work on *Nervous Diseases*, states that Mr. Wells, during a recent visit to this country, reiterated his opinion that the use of galvanic plates was the best of all methods of treating indolent ulcers and bed sores.

On taking charge of the wards for nervous diseases in this hospital, I found several examples of bed sores from the usual causes, and one probable illustration of the acute hemiplegic eschar of Charcot. On these I determined to test the efficacy of the galvanic plates. I have also had the opportunity, through the kindness of Dr. J. W. White, of the surgical staff, of treating cases of chronic leg ulcer by the same method.

My success has been all that I could desire. My usual plan of procedure has been much the same as that described by Hammond in his text-book. A thin silver plate is cut to the size and shape of the bed sore, and is connected with the zinc plate by a silver or copper wire six or eight inches long. The silver plate is placed over the bed sore, and the zinc above on the sound skin, a piece of chamois skin, which is kept moistened with vinegar, intervening.

The apparatus is held in position by adhesive strips, or a bandage, or by both. Instead of chamois-skin, paper lint, or anything that will retain moisture, may be used. Mr. Wells, as I have already stated, says that the plates should be applied to the body without the intervention of any other substance, simply moistening the zinc with vinegar or an acid solution. The effect can be produced in this way, or by only having the moistened cloth under, or partly under, the zinc; the acidulated material can be made to reach from the zinc plate to just beneath the edge of the silver, not, of course, extending it into the sore itself. If the moisture is applied directly to the zinc and the skin it may require to be repeated oftener than is at all times convenient or possible.

You have had the opportunity of witnessing the beneficial effects of these plates in five bed sores. Deep, unhealthy sores have rapidly filled up and become healthy looking, cicatrization taking place in an unusually short time, under the galvanic stimulus. Several cases of chronic ulcer of the most unpromising type have also been successfully treated in the surgical wards. One large bed sore had obstinately refused to yield, or even to improve, under any treatment. It was between four and five inches in width, and fully half an inch deep, and had burrowed considerably. It had an ugly, beefy appearance, with no evidence of granulations. I applied the silver plate, and within twenty-four hours a decided change for the better had taken place. Healthy granulation proceeded with great rapidity, the surface level being reached in a little more than forty-eight hours.

In one instance, through inadvertence, the plate was so applied to a large bed sore as to allow a lower corner to remain uncovered. The next day this small area presented a dark, unhealthy appearance, and emitted an offensive odor, the rest of the sore having made marked improvement. On reapplying the plate so as to include the neglected space, the latter soon took on healthy action.

Mr. Wells, it will be remembered, speaks of ulcers situated in a line between two plates improving, becoming healthy, and cicatrizing, while others remain unaltered or degenerate. In one case treated by me four ulcers were situated on the inner side of the left leg. To the largest of these I applied the silver plate, the zinc being so placed that two of those remaining were in a line between the two metals. These two began at once to improve, one of them healing entirely in four days, and the other a couple of days later. The fourth ulcer, below the one on which the plate was first employed, improved more slowly, requiring a direct application of the plate.

Hammond states that during the last twelve years he has employed this method to a great extent in the treatment of bed sores caused by diseases of the spinal cord, and with scarcely a failure—indeed, he says, without any failure, except in two cases, where deep sinuses had formed, which could not be reached by the apparatus. Remembering the observations of Mr. Wells on fistulous sores, in one case in which the bed sore had formed a deep sinus on one side, I had the silver plate cut down to a suitable size and shape, and introduced it directly into the sinus with the happiest effect, granulation and closure of the opening rapidly taking place.

At the risk of repetition it may be well to emphasize some practical points in carrying out the galvanic treatment of bed sores and ulcers. When, under the stimulus of the plates, the granulations have reached the level of the skin, and a marginal blue rim announces the beginning of cicatrization, the apparatus should be removed and some simple dressing applied. You may, for instance, use the water dressing, or carbolized or benzoated zinc ointment; or the ulcer can be strapped daily with equal parts of mercurial and soap plaster, as recommended by Dr. Wandelbaum, of Odessa. It is quite possible to continue the galvanic stimulation too long. When ulcers or bed sores present an indolent, unhealthy appearance, you can sometimes get better results if, before applying the plates, the diseased surface is actively treated with ordinary caustics, until a slough separates and leaves a fresh base. If one part of a sore should fill up and begin to heal before another, it may become necessary to reduce the size of the plate, or to apply it so as to cover only the tardy portion, thus preventing the plate from acting as an irritant to a surface already sufficiently stimulated. The supply of acidulated moisture must be carefully attended to by the nurse. The same attention to cleanliness should be given in carrying out this as in pursuing any other plan of treatment. The plates should be cleaned off once or twice daily; and the occasional use of potassium permanganate or carbolized washes may help to a favorable result. Care should be taken to place the zinc plate on unbroken and uninflamed skin, or an undesirable slough may be produced. I am engaged on some experiments to test the efficacy of single plates of silver, zinc, and other metals, but am not yet prepared to report on the subject.

Another electrical method of treating bed sores and ulcers which I have instituted and used with success, is to connect, by means of a wire, a silver plate cut to the size of the sore and placed upon it, with the negative pole of a galvanic or continuous current battery, an ordinary sponge rheophore, or a zinc plate connected with the positive pole, being applied to the body a few inches distant.

Since making use of galvanism in this way, I have read an account of the treatment of ulcers by the continuous current, published by M. Staes-Brame in the *Bulletin Medical du Nord*, and quoted in the *British Medical Journal*, and in the MEDICAL AND SURGICAL REPORTER for March 30th, 1878. The first case reported was that of a man, aged thirty, in whom one of two large atonic ulcers had failed of cure under treatment by prolonged rest, compression, and tonics. M. Staes-Brame covered the wound with a plaque of metal, which he put in communication with the negative electrode of a continuous current battery, the positive pole being applied to the skin of the thigh. In two days the cure was complete. The second case was a workman who had been burned on the foot by concentrated sulphuric acid. A deep ulcer, which defied treatment, was left. He tried the continuous current as before; and after eleven applications, of ten minutes each, the wound had completely cicatrized.

COMMUNICATIONS.

EPILEPSY—ITS ETIOLOGY, PATHOLOGY AND TREATMENT.

BY GEORGE J. ZIEGLER, M.D.,

Of Philadelphia.

From the frequent reference to bromide of potassium as the remedy *par excellence* for epilepsy, it would seem as if there was a general impression that the etiology and pathology of this formidable disorder were the same in all cases alike, whereas, in reality, it is dependent upon a variety of causes and conditions, psychic and physical, organic and functional, centric and eccentric, extraneous to, and inherent in, the animal organism. It may be hereditary or acquired, and even be artificially induced, as exemplified in Brown-Séquard's Guinea-pig, and result from physical irritation, centric or reflex, or mental excitement, fret, worry, depression, or fright, local hyperæmia, anæmia, and diathetic changes in the fluids and solids of the body, with tumors, depressed, thickened, exostosed, spiculated or diseased bone, wounds and foreign bodies, as well as from hypertrophy, atrophy, and interstitial modifications of the neural tissue itself, as in indurations, neuromata, syphilis, etc.; also from irritation and undue excitement of the genital and other organs, sexual excesses, masturbation, defluxions, worms, irritant ingesta and indigestible food, with reflex irritation of various kinds and degrees from all parts of the system, internal and external, even from that of a simple caruncle or corn, the symptomatic phenomena being both mental and physical, with or without convulsive action, varying in degree of intensity from the slightest *petit*- to the severest *grand-mal.*

As a necessary corollary from this varied etiology and pathology of epilepsy, it is obvious that there cannot be any specific for this disease, and that no single remedy, or admixture of medicinal agents, will apply in all cases alike, even for the basic or primal irritation, but that only by a judicious selection, combination and adaptation of remedial agencies, from the whole range of practical medicine and surgery, in accordance with the peculiarities and special indications in each particular case, can any prospect of relief be afforded the unfortunate victims of this terrible malady. This treatment must also be adapted to meet the diversified indications during or immediately preceding the attack, as well as during the intermission, to overcome the predisposition to, remove the causes of, and resolve the disease altogether.

It is thus apparent that the differential diagnosis of the causes and pathology of epilepsy is of paramount importance to determine the special indications for treatment, and the particular agent or means required for relief in any given case. In those cases in which there is existing cardiac sedation, and deteriorated blood crasis, with a general scorbutic diathesis and decadence, potassium is especially objectionable, and will do more harm than good, being both inapplicable and liable to induce secondary disorders which may complicate the primary affection, and either retard the cure, or worse still, intensify the existing malady, as well as inflict other injuries upon the already suffering organism. Two recent cases may be cited in illustration of this contraindication. One, of a young woman, who clandestinely left her home in a neighboring town, and came to this city with a young man, who shortly after deserted her. She was of a nervous temperament, with strumous diathesis, and had been subject to spasms before. These were evidently dependent upon a hysterical and erotic disposition, latterly intensified by mental anxiety, mortified pride, and disappointed affection. Her general condition of physical and mental prostration, with malnutrition, scorbutic blood and lax organization, contraindicated potassium or other solvents and depressants.

The other case was that of a young and ambitious lady, whose parents lost their all and died, leaving her dependent in early life upon relatives. She labored hard to support and educate herself, and succeeded so far as to gain a position as clerk and copyist, even entering upon the study of medicine, but was obliged to relinquish it in consequence of the increasing frequency and intensity of her attacks. The first spasm occurred when she was about sixteen years of age, and increased from time to time at short intervals, until she was nineteen, when she consulted me. She was of a highly nervous temperament, had constant headache, with scorbutic blood, feeble pulse, defective circulation, calorifaction, secretion, and excretion, though menstruation regular, her bowels not being moved without purgatives or enemata sometimes for nine days. With a predisposition to nervous excitability and disorder, her disease was apparently due to excessive work of mind and body, mental anxiety, worry, and disappointed ambition. This patient had a noteworthy anæsthetic experience. Upon one occasion she was anæsthetized with nitrous oxide, to have a tooth extracted, and remained insensible for an hour. At another time she was anæsthetized with the same agent, and had several teeth extracted by a different operator, when she continued unconscious from near 9 A.M. till 7 P.M., about ten hours. She had repeatedly been put under the influence of chloroform to relieve her spasms, without the same dangerous effects, doubtless due in part to its more careful administration and better adaptation to her case.

In both these cases, with others that might be cited, potassium was contraindicated by the scorbutic condition of the blood, enfeebled action of the heart, defective circulation, and atonic state of the general system, while the anæsthetic, secernant, and other sanative influences of bromine were indicated. Hence, in this compound bromide of potassium, we have a combination of properties which are often therapeutically antagonistic. Thus, in the treatment of epilepsy, of the two constituents of bromide of potassium, the anæsthetic, depurant, and alterative effects of bromine are frequently desirable, while the depressant, solvent, and disorganizing properties of potassium, with its concomitant cardiac, and constitutional debility, are generally objectionable. The same objections do not, however, apply so fully to the analogous compound of ammonium bromide, which may, indeed, be often advantageously substituted for the potassium, the ammonium stimulating instead of depressing the heart and general circulation, but likewise acting as an organic solvent and disintegrant, actively disorganizing, the same as the former. These properties necessarily limit the applicability of these agents to that narrow class of cases in which such effects are required, and when judiciously administered will prove useful. The sodium and calcium bromide have also a limited but useful application in the treatment of epilepsy, their alkaline bases tending to increase, rather than diminish, the consistency of the fluids and solids of the body. But, as the effects of the alkalies and their bases are often undesirable, they may be obviated or prevented altogether, by alternating or substituting hydrobromic acid, brominated camphor, and other non-alkaline preparations of bromine, some of which have a wide range of usefulness in this disease. Hence, as the beneficial effects of bromine may be readily obtained in other forms and combinations without the often injurious action of the alkaline bases, there is no necessity for the indiscriminate and undue administration of the latter in conjunction therewith, in this or any other disorder. Neither is it advisable to administer the former unduly, but in all cases to select and change the remedy according to the special necessities and varying conditions of the case, avoiding both super-alkalinity and brominism as deleterious.

Many other remedial agents are also useful in the treatment of epilepsy, but these will not be discussed, as it is not the design of this paper to do more than merely present a few salient points for consideration, and urge especially the paramount necessity for the most accurate differential diagnosis of the etiology and pathology of this complicated disease, to insure the desired success in its treatment. Thus, as the causes of epilepsy are numerous and diversified, and its pathology complicated, it is obvious that its treatment must necessarily be varied accordingly, to meet the peculiarities and special indications in each particular case, to secure the best results.

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A CASE OF MOVABLE KIDNEY.

BY D. B. D. BEAVER, M. D.,

Of Reading, Pa.

Movable kidney is an affection of infrequent occurrence, and is often mistaken for other and more serious diseases. The error in diagnosis is probably oftener due to the fact that the existence of the disease is overlooked, than to any difficulty in recognizing it when its occurrence is borne in mind. In view of this the subjoined account of a marked case is reported.

Mrs. ——, widow, aged thirty-three, of small stature, with dark hair, skin and eyes, presented herself for treatment, January 14, 1878. She thought herself perfectly well until the birth of her last child, three years ago. Since that time she has not had a " well week," and has been receiving medical treatment continuously. During the last year and a half she was treated for "womb disease." She was married at the age of twenty, has had three children, and says her labors are quick and easy, although she refers the beginning of her illness to the last childbirth. Soon after this confinement she began to have attacks of diarrhœa, lasting from one day to a week, alternating with costiveness, and accompanied by pain in the " stomach." These attacks were not brought on by errors in diet, as they would appear regardless of what was eaten. The stools were not watery, but of nearly normal color and consistence. Both the diarrhœa and pain were always relieved by opium and rest in bed, and their disappearance was accompanied by abundant discharges of flatus from the bowels. The paroxysms recur at irregular intervals, varying from a few days to one or two weeks. She thinks they are sometimes induced by bodily exertion, such as walking and housework. This condition, with bad appetite and general weakness, continued until about a year ago, when pain in the back and right side, and the appearance of a "lump" in the right side were superadded, and recurred at irregular intervals with the other symptoms, to the present time. At present she says she generally feels cold, especially the feet and legs; often has flushes of heat, and suffers hysterical attacks when the pain in the back and side is severe, during which she partially loses control of herself. She is unable to attend to her household duties, and is confined to bed about half the time. She has "frightful dreams," and has had headache every day during the last four weeks. The pain in the head is located between the temples; it is never preceded nor accompanied by nausea; is aggravated by talking and movement of the body, especially stooping, and relieved by rest and quietude. There is pain and tenderness on pressure over the seventh and eighth dorsal vertebræ, and at times pain extending from these points around the right side, to the middle of the body. There is no evidence of disease in the cavity of the pelvis, excepting a discharge of viscid, glairy mucus from the os uteri, with catarrh of the cervix.

Examination of the abdomen discovers a tumor of the size, shape and feel of a kidney, the lower extremity of which rests on a line drawn from the anterior superior spinous process of the right ilium to the umbilicus, one inch to the right of the latter point, its long axes pointing upward and outward. The body being emaciated and the abdominal wall flaccid, the tumor can be grasped easily with the hand. Slight pressure upon it gives rise to pain; and pressing it between the thumb and fingers produces, besides pain, an indescribable sickening feeling. It is movable, and when the patient lies on the back it recedes, so that the lower extremity can barely be felt below the edge of the ribs; but quick and deep pressure in the right loin impels it forward and downward against the abdominal wall, from which it immediately again recedes when the pressure is removed. It can be felt, moved and measured by a combined movement of both hands, by pressing with one on the loin while the other makes pressure on the abdomen a little to the right of the middle line, just below the ribs, and in an upward and backward direction. In the erect posture of the body the right loin appears slightly flattened, and is painful under pressure. It also resists pressure less than the left, and the percussion note is more resonant over it than over the left loin.

When questioned as to any connection between the tumor and the pain and diarrhœa, the patient says that she always has the "lump" in the stomach when she has pain and diarrhœa. There is then, also, an almost constant desire to pass urine. After rest in bed, on the right side or back, the pain, diarrhœa, frequent micturition, and the tumor disappear, with free discharges of wind from the bowels; while lying on the left side aggravates all the symptoms when present, and walking, sweeping, and violent bodily exertion of any kind brings on the whole train anew.

The treatment ordered comprises a tightly-fitting bandage around the loins, with a pad on the right side of the abdomen; a blistering plaster to the tender points on the spinal column; a pill containing phosphide zinc, gr. $\frac{1}{10}$, ext. nux vom., gr. $\frac{1}{4}$, with pwd. iron, gr. $\frac{1}{3}$, after each meal; and a solution of nitrate silver, grs. xl, to ℥j to cavity of uterus.

16th. Returned to-day, feeling much better. Has not had any pain or diarrhœa, but much headache since last visit. Complains much of acidity of the stomach after meals. Applied faradic current to spine, and ordered hypophosphite soda, grs. v, to be taken after each meal. She is also to continue the pills.

26th. Is still improving. Attends to all her duties uninterruptedly.

February 5th. She has been here on alternate days since last note, to have electricity applied to spine. Has not had pain, headache, nor diarrhœa, and has felt well. She is to put another blister to spine, and continue the other medicines.

March 2d. Says she gets slight pain in the right side of abdomen when she walks much or works too hard, but feels better than at any time for three years. Is to continue the pills and hypophosphite of soda, and stop the use of electricity.

27th. Continues to wear the bandage. Feels well generally, and has gained flesh and strength. Attends to all her household duties, but gets pain in the right side of abdomen occasionally, from over exertion of the body.

April 25th. Heard from patient to-day, and learned that her condition is about the same as when last noted.

The symptoms of this case arrange themselves naturally into two distinct groups, one pointing to a local lesion, and the other to an irritation of the nervous system. The periodical pain, looseness of the bowels, and frequent micturition, were undoubtedly induced directly by pressure and traction upon the adjacent organs by the dislocated kidney. As the case progressed the cerebro-spinal nervous system began to suffer, and there was developed a state of irritation which manifested itself in functional disturbance of organs distant from the local disease, as shown by the headache, flushes of heat, indigestion, etc.

It would have been a matter of interest to examine the urine, to ascertain the condition of the dislocated kidney, but none could be obtained, as the patient refused it.

The history of this case illustrates well the diversity of reflex disturbances which may result from a local lesion, which, in itself, is not dangerous to life.

A CASE OF STRYCHNIA POISONING, WITH RECOVERY.

BY P. H. BAILHACHE, M.D.,

Surgeon United States Marine Hospital Service.

On Sunday morning, the 28th ultimo, J. L., eighteen years of age, took, with suicidal intent, "ten cents' worth" of strychnia, supposed to be five or ten grains. Dr. E. R. Baer and myself were called as soon as it was discovered, and arrived together at the house probably an hour after the drug had been taken. The young man's mother stated that she had given him the white of an egg, a teacup of sweet oil, some salt and water, and a small dose of ipecac, and that she was obliged to pry his mouth open with a spoon to get her remedies down. He had taken his breakfast of three eggs, some bread and butter and a cup of coffee, nearly three hours before. When we entered the room he was making some feeble efforts at vomiting, and we immediately aided his efforts by copious draughts of mustard and warm water between the tetanic spasms, which were, as yet, infrequent. We sent for bromide of potassium, apomorphia, chloroform and tannic acid, in the meantime continuing the mustard water freely. He had copious emesis, and appeared to be greatly relieved by the introduction of warm water, cold water producing violent tetanic spasms, and we were obliged to use warm water as a menstruum in giving the bromide, etc. Opisthotonos occurred frequently, and the spasms continued at irregular intervals for several hours, but were quickly relieved by chloroform inhalation, and somewhat controlled by the patient himself, who seemed very anxious to recover, and retained consciousness throughout. The skin was cool; pulse 120, and irregular; respiration difficult, with spasms of the muscles of the neck, threatening suffocation; vision impaired (strabismus); and stiffness of both extremities continued several hours after all alarming symptoms had disappeared.

Dr. Morawetz, the family physician, arrived about two hours after the case had been in our hands, and suggested the administration of Calabar bean, but as we felt that the worst had passed, the spasms occurring less frequently and much milder, it was finally deemed unnecessary to resort to its use. The patient gradually recovered without further medication, other than an occasional resort to chloroform, strong hot tea and hot beef tea—having been under the toxic effects of the drug about six hours.

He passed an abundant quantity of urine at intervals, dating some three hours after taking the poison, analysis proving it to be heavily loaded with strychnia.

The interesting points in this case are: the large dose of poison taken, the rapid emesis produced by the mustard water (it is the second case of poisoning by strychnia in which I have used it satisfactorily), notwithstanding the well known difficulty of producing emesis when this drug is taken, the copious discharge of strychnia-loaded urine, and the remarkable antipathy evinced by the patient to cold water, crying out against its use and begging to have it taken out of the room. The mere sound of pouring water, a breath of air, or any noise in the room would, of course, send him off into a tetanic spasm.

PUERPERAL FEVER.

BY L. N. DAVIS, M.D.,

Of Farmland, Ind.

Since the subject of Puerperal Fever has been commenced in the REPORTER, allow me to add a case which presents a few points of special interest. I do not fear that the subject may become trite or threadbare; for one of such vast importance, and one upon which there is such difference of opinion, cannot be handled too much, or be too often brought before your readers.

I was called, April 22d, 1878, at 9 A.M., to see Mrs. Alice H., with Dr. H. From the doctor I got the following history: Patient, primipara, of previous good health and surroundings; had a natural and easy labor of three hours' duration, one week ago to-day, in which Dr. H. was the attendant. Progressed well enough, seemingly, although there was profuse sweating and offensiveness of the lochia until the sixth day, when there was a cessation of the lochial discharge; there were three diarrhœal discharges from the bowels, with diminution of the milk secretion.

On the seventh day after confinement she had an attack of palpitation, with general nervous excitement, during which there was some aberration of the mind, and after which the lochia was reëstablished. She presented striking pallor of face and lips, with marked tympanitis, but no tenderness upon pressure; circulation 132 per minute; temperature 103.5°; respiration 36. We ordered three grains of quinia every two hours; one drop of fluid extract of aconite with ten grains of chlorate of potash, in solution, every two hours, also; brandy and malt freely; a vaginal injection of a pint of tepid rain water, containing half a drachm each of carbolic acid and glycerin, morning and night; a tablespoonful of oil with ten drops of turpentine, to be given at 5 P.M.

April 23d, 8 A.M. Pulse 120; temperature 103°. Had a small passage from bowels, but no diminution of tympanitis; voided urine freely; slept very little through the night. Ordered another dose of oil and turpentine; also turpentine stupes to abdomen.

8 P. M. Dr. B. saw the case with us. No change in patient since this morning. Substituted one drop of fluid extract of digitalis for aconite. Oil, with turpentine, to be given twice or thrice daily, till bowels move; turpentine freely to abdomen.

April 24th, 9 A. M. Rested pretty well through night, but insomnia prevailed. No passage from bowels. Urinary secretion active. Considerable thirst and anorexia. Mental faculties normal. Temperature and circulation same as yesterday. Gave an enema, which produced a small passage from the lower portion of the bowels, but no peristaltic movement whatever. Ten drops of tinct. ferri murias, to be given every four hours, in chlorate mixture.

April 25th, 7 A. M. Temperature 103.5°; pulse 132. Slight delirium through night, with symptoms of convulsions, for which the bromide of potash was used, with good effect. Repeated the clyster, which expelled a few scybala. Passed a catheter and drew off a quart of urine, which was found to contain albumen in considerable quantity. Ordered beef essence, which we have been giving, to be increased as much as the stomach would bear it.

8 P.M. Pulse 150; temperature 103°; wildly delirious; voids urine unconsciously. Died at 8 A.M. next day.

Dr. H. attended a case of puerperal fever about three months since, which ran a similar course to the present one. Are we to believe that the contagium was carried by the doctor, and finally effected the destruction of the newly-made mother at this remote period? The case undoubtedly bore much resemblance to the *specific virulent* form; and yet the doctor informs me that he has attended cases in the interim which have made good recovery.

There has been no other source for a specific virus, for the case under consideration and the one referred to are the only ones which have occurred in the vicinity. Nor has there been any erysipelas or other disease which we are wont to regard as contagious. Whence, then, the specific origin, but from the source alluded to? There were symptoms of uræmic poison, as evinced in the mild eclampsia, though it could not have been sufficient to have produced the result. The ordinary train of symptoms attending this grave disorder were wanting, such as anasarca, cephalalgia, vomiting and scantiness of the urine.

I think the most tenable theory is, that it was a blood poison, produced essentially by the absorption of the ichorous discharge issuing from the lacerated cervix and abraded vagina; the speculum disclosed the injury of these parts, as also a small diphtheritic deposit on the lower portion of the posterior wall of the vagina.

The points of special interest are: 1. The almost perfectly stationary temperature, morning and evening, for four days; (the evening temperature being obtained, though not recorded, for the sake of brevity). 2. The prognostic value of such stationary temperature—at as high a point—in any case. 3. The unmistakable evidence of peritonitis without the least complaint or tenderness upon pressure. 4. Would the early disinfection of the putrid discharge, as advocated by Dr. R., of Iowa, have prevented the septicæmia?

My experience with the carbolated douche has been very favorable; though, unlike Dr. R. (No. 11, vol. xxxviii, Medical and Surgical Reporter), I do not use it in every case.

The accoucheur should pay strict attention to the constitution of the patient, the lochia, the circulation, the temperature, and by so doing, he can tell when the "preventive treatment" is indicated, and can adopt it before the blood is irremediably impaired; for, in my opinion, it is a powerful means, whereby we may prevent fatal infection of the blood in many instances.

HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA,
JANUARY 19th, 1878.

Stenographically Reported for the Medical and Surgical Reporter.

Diagnosis of Brain Tumor.

Gentlemen: At the conclusion of my last clinical lecture, one week ago to-day, you may remember that I began the discussion of a case of more than usual interest, which has been in the wards for a considerable length of time. In order that we may take up the case understandingly, I will call your attention, very briefly, to the previous history of the case.

The patient is Robert D., 35 years of age, admitted into the men's medical ward, December 15th, 1877. He is not married. His occupation is that of a house painter, but it should be stated, in this connection, that there is no history of lead poisoning at any time, and he has not worked at painting for several years, having devoted his entire attention to politics. He informed us that about five years ago he contracted a chancre, the primary lesion of syphilis, but says that it has never been followed by any eruption upon his body, pains in his bones, chronic sore throat, or, in other words, by those evidences of constitutional infection that by common consent are regarded as belonging to the secondary stages of syphilis. He has also been of intemperate habits, and before the first symptoms of the present illness appeared he had been drinking very heavily for a week. This occurred during a political convention held in the month of July, last year. Following this was a severe pain in his head, accompanied by frequent attacks of vomiting, and persistent malaise; in truth, he has never been well since his lawless indulgence while making laws. His appetite returned, but his bowels have remained obstinately constipated, and he has been more or less troubled with a headache, and occasionally by pains in his legs. Please observe that he has had no vomiting except at the onset of the disease. Disturbance of vision has lately come on, so that he is now completely blind in the right eye, and the sight of the other is seriously impaired. The pain in his head has been nearly constant, but is always aggravated at night. When he was first received into the hospital he complained bitterly of this, which has always been the most prominent symptom, during the whole course of the disease. It was also observed at that time that partial paralysis of sensation and motion existed in the arm and leg of the left side.

Having refreshed your recollection of this patient by reading this brief clinical record, I will now resume our discussion at the point where it was interrupted at our last lecture by the expiration of the hour. To this history I may add that we could detect no disease of the kidneys, and that the temperature has been but slightly above the normal; in fact, it is what might be thought rather below than above the norm, as it has been down to 98°, and does not range above 99°. I may also state that we have examined the eyes, our examination being afterward confirmed by an expert, with the discovery of most marked choking of the disks, and minute points of hemorrhagic extravasation in the retina of the right eye, in which vision was entirely lost. The eyes were prominent, but not immovable, as he had more or less nystagmus, or constant oscillation of the balls of both eyes, that rendered examination difficult.

I will further add to these observations the prominent phenomena which have appeared during the week, in order that the present condition of our patient may be fully comprehended. There has been more mental uncertainty and hebetude observed of late, and within the last few days he has had hallucinations; but there is no active delirium, and he always responds intelligently when interrogated, though less promptly than heretofore. The headache is about the same. The man is less conscious about his actions, and has had some involuntary discharges from the bowels. He has lost a certain amount of mental control, his moral sense is blunted, he spits in all directions, wets his bed clothing continually, and so frequently uncovers himself in attempts to escape from his bed that it has become necessary to tie the bed clothes over him. Some rigidity of the neck has appeared, and when he sits up the head is bent back by contraction of the posterior cervical muscles.

These are the changes that the last week has prominently developed; and, having these data at hand, we may now proceed to determine what is the matter with this sufferer.

Having brought up the case to the present time, you wish to know the solution of these symptoms, and to know to what they point. This man has, in my judgment, a cerebral tumor. A careful review of the details which you have just heard leads me to believe that he has a tumor in the brain, which is giving rise to these extraordinary symptoms. Now, you will ask me, first, upon what do I base the diagnosis of tumor, and then you will want to know whether any other malady than a tumor could possibly occasion the symptoms here present.

Taking these queries seriatim, I answer the first by stating that I base the diagnosis of tumor on these points: First, the persistent and intense headache. Secondly, the loss of power in the extremities, the general loss of power we may indeed say, for, though the legs show this loss of power most markedly, we have also loss of power in the arms. Thirdly, on the evidences of pressure within the skull, as shown by the choked disks detected by the ophthalmoscope; and what may be included in the same statement, the loss of vision, and undue prominence of the eyes, forming the condition of exophthalmos. Such are the eye changes in this unfortunate patient. These, then, are my general reasons for recognizing a tumor as the source of these sufferings, and as the sufficient explanation of the pathological changes that have thus far taken place. But I must allude to a few more points here, confirmatory of the position assumed; and one of the more important of these consists in the tendency to spasmodic contractions in the patient before us. These have been particularly observed in the muscles of the neck, in those of the forearm, and very markedly in the intrinsic muscles of the eyeball itself. This strongly endorses the hypothesis of brain tumor, because *spasmodic contractions of muscles occurring in this way, in the progress of cerebral trouble, always point to an irritative lesion*, and such a lesion would be a tumor in the case under discussion. Another fact that enabled me to decide this question so positively was that the mind of the patient has remained comparatively clear. It was never more than slightly obscured, certainly not more than would be fully explained by the severe ordeal of suffering that he has been through. Take any person with prolonged and severe headache, and you will find a mental exhaustion and indisposition to be disturbed, that would readily pass for dullness. We have had, until now, nothing more than such a headache would produce or explain. It is only of late that any marked evidence of aberration of intellect has appeared on the scene, having only come on during the last week. Up to that time he gave perfectly rational and correct answers to all questions. But now he fancies himself elsewhere, and an actor in scenes that certainly do not occur. This, it must be borne in mind, is only a recent symptom, coming on long after his motor disturbances asserted themselves, and even after the retinal hemorrhages.

The peculiar features of the case, then, may be considered as explainable by the existence of a tumor. The most likely solution of the manner in which these symptoms are produced in a case of cerebral tumor, with which they as part of its clinical history are closely connected, is that, while, at first, little disturbance takes place in the portion of the brain surrounding the growth, eventually, as it increases in size, in the course of its development, large portions of surrounding brain substance become affected, their circulation and function interfered with by the increasing pressure and capillary thrombosis, so as to produce a condition of anemia of certain districts in the brain, and even ultimate softening. You can see how the disturbance in blood supply might extend to other portions of the brain than those primarily involved in the disease, and affect motor areas, remote from, and not directly implicated in, the growth, even to the extent of the production of disintegration. Such considerations as these explain some of the difficulties in the way of exact diagnosis of the location of brain tumors, and which, indeed, have led Brown-Séquard to despair of the possibility of localization, and to declare that when the diagnosis of brain tumor has been made, this is as far as we are warranted in going, and that beyond this it is mere scientific speculation.

Now, gentlemen, I can see this case in no other light than the view we have just taken of it. From the combination of symptoms we could come to no other conclusion than we have just attained. In the general paresis, in the alterations in the eye, in the headache, in the spasmodic contractions, we have the elements that have guided me in my diagnosis. But are there no signs absent? Do we find in this group all the symptoms combined that usually indicate cerebral tumor, or are some of the links wanting? Yes; there is more than one. To begin with, there is an entire absence of local palsy of the face, which so frequently attends intracranial growth. But does its absence invalidate the diagnosis. Not necessarily; I must tell you, however, that sooner or later, in these cases, local paralysis of the face is generally developed in the course of the malady, although in the early stages it may be absent, and in exceptional cases it does not make its appearance at all. Another symptom of brain tumor that is absent in our patient is vomiting; he had it early in the history of the disease, but of late it has completely disappeared. But this need not upset our conclusions. The vomiting is due more to the site of the tumor's development, than to the tumor itself; for a tumor involving the origin of the pneumogastric nerve, starting in the interior of the pons varolii, in the medulla oblongata, or elsewhere in the immediate vicinity, would confessedly yield us a means of definite localization. The diagnosis, then, of its position would be helped by the appearance of vomiting.

When I started the discussion of this case, I asked the question, Is it a tumor? To this I answer, Yes, I think it is. I now proceed to the second query. With these symptoms before us, can this be anything else than a cerebral tumor. Two possibilities present themselves, but I do not think either of them can be conclusively adopted, in view of the strong evidences we have here of tumor. The first theory is, that it may be a case of chronic meningitis, with exudation, and, if you will, considerable thickening. The second is the existence of diffused softening of the brain; that is, of course, both without the coëxistence of a tumor. We will briefly discuss these conditions. I said chronic meningitis with considerable thickening. Now, undoubtedly, this will give you some of the symptoms that we recognize as accompanying tumor of the brain. It would account for the spasms, for the persistent headache, for the early vomiting—in short, for many of the symptoms that usually indicate a cerebral tumor. And, when you look at the rather acute origin of this trouble, at the drinking, and headache following, at the persistent vomiting and the confinement to bed, there is much that favors this explanation. But I refuse to take this view, for these reasons: *Whether acute or chronic, meningitis is always accompanied by fever;* the temperature in this case is normal, or but little raised above the normal—there is no fever here. The absence of fever, then, is against meningitis.

In meningitis, where there is an acute beginning, as there was apparently here, you will also have mental aberration early in the case. We have not had it here until quite late. This circumstance, then, is also against it. Let me also add that the steady progress of the disease, the increasing motor disturbances, the increasing mental trouble, in spite of the treatment, would also be against the view of meningitis, which, if we cannot cure, we may decidedly ameliorate by appropriate remedies. But, you may say, how does this apparently acute beginning agree with the view that we have adopted?

Let me tell you that a tumor sometimes has a period of latent development, and then seems to explode in its symptoms. The tumor comes on, gradually increasing in size for a certain length of time without causing much disturbance, the parts accommodating themselves to the new growth until it gets to a certain size, and then it suddenly gives acute symptoms. I have seen a chronic growth in the brain at an autopsy, where the patient had positively declared that the disease had been acute at its onset, and of very short duration. I am, therefore, not misled by the statement of the patient that this trouble had a strictly acute beginning, and I explain it on the ground that this was only apparently the case.

Now, why may not this be cerebral softening? It might possibly be, but I do not think this can be solely the source of the symptoms. Cerebral softening rarely appears in comparatively young persons without a specific, definite cause, and that cause is disease of the heart or blood vessels. There may be multiple, or moniliform, aneurisms of the finer cerebral vessels, or a plug of fibrin may be washed from the heart to the brain. So true is this, that a certain eminent writer has said that of cerebral softening, apart from cerebral plugging, he has no knowledge whatever. Then, again, for this man to have an amount of softening of the brain sufficient to prevent him from standing unaided, the disease would have to be general and diffuse softening, and if this were the case, I do not think that he would have retained his intellection and his memory unimpaired, for, from what I have told you before of cerebral softening, you know that it is accompanied by disorders of intellection and failure of memory as an early and a constant sign.

Perhaps this consideration of the case would not be quite complete, if, while calling your attention to cerebral softening, I should not discuss the spasmodic contractions of the muscles in this relation. In softening, spasmodic contractions, clonic spasms of individual muscles are not common; paralysis is common. They belong more particularly to tumor, and generally it is only one particular form of tumor that they are associated with. When spasmodic contractions of muscles do exist in cerebral softening, we find them invariably accompanying conditions with well-marked symptoms, that have not yet occurred in this case.

To return to the consideration of the tumor: First, what is the character of the tumor. Secondly, where is its site?

As to the character of the tumor, I must candidly confess complete ignorance. It is simply impossible for us to recognize the nature of the growth. Nor is it of much consequence, clinically speaking, except to determine whether it is syphilitic or not. But whether or not the new deposit is glioma or sarcoma, either round-, spindle- or giant-celled, or one of the forms of cancer, is of not much importance to the clinician; but the fact of syphilis is of consequence, and the history of the case would favor it. But I am constrained to say that this is not favored by the course of the disease. In these cases we generally have decided influence from medication. It is just in such patients that we have obtained such brilliant results, of late years, by large doses of iodide of potassium. But, unfortunately for the man, the general evidence is against its being one of those cases where antisyphilitic treatment gives such great relief. At first it was a matter of inference that it was a case of this kind, with syphilitic deposit in the brain, but after faithfully administering the remedies, we have been obliged to reluctantly abandon this supposition, and have lately arrived at the conclusion that it is not a syphilitic trouble, partially on account of the failure of the treatment.

Of course we can guess at the nature of an intracranial neoplasm, but we can absolutely do nothing more. If there is a family history of cancer, we may conclude that it is probably malignant, but it is only a matter of general inference, and we may be right or we may be wrong. If there are other tumors on the general surface of the body, either malignant, benign, or sarcomatous, we may erect a plausible hypothesis as to the character of the brain-deposit, but it is only possible to make a definite diagnosis on post-mortem examination.

Now, as to the location of the tumor. Here we can speak with more certainty. It would take us too long, at present, to go into the discussion of the symptoms produced by tumors in different parts of the brain; I will, therefore, merely refer to them as they seem to bear on the case we have here. From the evidence we have, I would locate this tumor low down in the encephalon. I would place it centrally at the base of the hemisphere, perhaps near the anterior border of the tentorium, or in the vicinity of the pons, if not in its structure; compressing the motor tracts of the medulla oblongata, just above the point of crossing of the lateral columns, and impinging more on the right than on the left side. I say this because of the general paresis, the general loss of power on both sides, though, really, it is more evident upon the left, forming, indeed, a moderate hemiplegia. If I should locate this growth anywhere else, I would have to assume that the tumor is large enough to compress both corpora striata, which would not harmonize with the other physical signs in this case. I, therefore, incline to locate it where it would press upon the motor tracts at the base of the brain. The prominence of the eyes would be in favor of this view. The only objection to it is that there is, at present, no vomiting. This may be explained by the fact that the roots of the pneumogastric nerves, originating low down in the floor of the fourth ventricle, are not pressed upon. Might it not be, primarily, a tumor arising in the cerebellum? Yes. It might be. Is there disturbance in gait and coördination? Yes; but, unfortunately, we could not make the attempt to test this point until the man was so weak that we were unable to positively answer the question. There was such general loss of power that he could not walk without support, and could not stand unaided. He did, however, show a strong tendency to fall backward when he stood on his feet. The tumor, then, we will conclude, is at the base of the brain, involving the motor tract, with the reservation that it may be either in the pons Varolii, upper part of the medulla oblongta, or anterior portion of the cerebellum.

Bear in mind that there is always a source of fallacy in locating tumors of the brain, from the fact that the circulation of large portions of the brain may be cut off by the progress of the disease; and as I told you at the beginning, this may lead to impairment of function and even actual disease. Independently of this disturbing factor, however, you may also have, in the course of its growth, irritation of surrounding centres, thus producing secondary symptoms referable to distant parts of the brain, in which there is no actual organic disorder. This illustrates the obscurity that attends the differential diagnosis and localization of brain tumors, and confirms the statement that the discovery of tumor of the brain ends the positive diagnosis. We can go no further. I only tell you this to warn you that there is a source of fallacy, and to show you how difficult it is to decide positively as to the definite and precise location of the trouble.

Having our patient removed, we may discuss the prognosis. It is most unfavorable. The only chance for the man was in the hope that this was a syphilitic growth. But, as this has been negatived by the treatment, we must give a fatal prognosis; he will die, and that before long.

Now I will speak of the treatment that has been pursued. It has been based largely on the possibility of its being a syphilitic tumor, and by the knowledge that even if it were not, it would probably be influenced favorably by large doses of the iodide of potassium. Beginning with small doses, in order to see whether the stomach would tolerate the remedy, we gave fifteen grains three times a day, but soon increased it to two drachms daily, and, indeed, since the 2d instant, he has been taking one hundred and fifty grains of iodide of potassium per diem, without any apparent benefit. It is now useless to push this remedy any further. He has also been blistered at the base of the skull and behind the ears, and has had other remedies, suggested by his condition. What has been done for the headache? We have tried bromide of potassium in large doses, but ineffectually. We tried gelseminum, even to the point of influencing the pupils and inducing ptosis, but also without avail. But taking a small amount of blood has given him the most positive relief for a brief period. The local abstraction of a little blood from the sub-occipital region, by cups and leeches, in these cases of headache from brain tumor, and, I might add, of meningitis, gives more relief than any other remedy. Now, what can be done for his further alleviation. I have found in these cases, occasionally, the best results follow the judicious administration of cannabis indica, in the form of tincture or extract; large doses of bromide are also sometimes valuable. But if we find the pain continue uncontrollable, I will not hesitate to yield him the benefit of a remedy that theoretically is unsuitable to the case, but which will undoubtedly relieve his suffering. This man will not recover; he will die, in spite of all our efforts; why, then, should we deny him the comfort that will result from the judicious use of morphia? a remedy that, clinically speaking, is clearly indicated, although, on theoretical grounds, it might be considered inappropriate, and in ordinary cases of brain tumor is strongly contra-indicated, on account of its tendency to produce congestion of the brain. Small hypodermic doses of morphia, which are well indicated from a clinical point of view, will render the closing hours of life more comfortable, and relieve this terrible suffering. Probably one-sixth of a grain of morphia given hypodermically, as occasion requires, about twice in the twenty-four hours, will be sufficient to accomplish our purpose.

In connection with this case, I have several others illustrating other forms of brain disease, which I intended to discuss with you this morning, but as the hour has expired, we will be obliged to defer their consideration until our next meeting.

BROOKLYN CITY HOSPITAL.

SERVICE OF DR. RUCHMORE.

Case 1.—Cystic Tumors of Neck.

M., aged 10, U. S. About four years ago the child's mother noticed three small hard growths under the chin, each about the size of a kernel of corn. They increased in size rather slowly, and began to soften. Not much attention was paid to them until about a year ago, when the child was brought to the Out-patient Department of this hospital, for treatment. The tumors then were very soft and elastic, and about as large as hickory nuts. Firm pressure upon them with the fingers caused them to almost disappear, but on discontinuing the compression they appeared again. A hypodermic syringe was introduced into one, and about a drachm of serosanguinolent fluid withdrawn. Steady compression by a bandage was used, but did not materially affect the little growths. Afterward injections of iodine were made, which, beyond a slight inflammation, were also of no use. The cysts continued to increase in size. Finally a radical operation for cure was advised, and the child was admitted to the hospital for treatment, under the service of Dr. Ruchmore. The tumors were then about the size of walnuts, and were situated on a diagonal drawn from the angle of the jaw to the upper margin of the thyroid cartilage. The three cysts seemed to communicate with each other, but were independent of the larynx, and freely movable under the skin. The central and largest was first transfixed by a narrow knife. Then a probe was introduced, armed with cotton saturated in pure phenol. Finally, a drainage tube was passed in, and a cold-water dressing applied. On the day following the operation the parts were much inflamed, and a poultice was applied. The tube discharged pus abundantly for a day or two, but this finally ceased. The inflammation subsided, the tube was withdrawn, and the wound allowed to close. Some indurations only were left, the cysts having become obliterated. The indurations slowly lessened, and were disappearing when the patient was discharged cured.

SERVICE OF DR. LOWELL.

Case 2.—Treatment of Rectal Fistula by Galvano-cautery.

R. P., twenty-one, U. S. Patient had an ischio-rectal abscess one year ago, which followed a fall on the nates. It opened of itself, and has been discharging ever since. It is sometimes very painful. Examination of the patient reveals the existence of a fistula which opens one and a half inches from the margin of the anus, but is incomplete internally, not extending through the mucous lining of the gut. It was decided to operate by means of the galvano-cautery, and the apparatus of Dr. Byrne, of Brooklyn, was used. A platinum wire was passed into the gut, through the fistula, thus making it complete; the wire was then attached to the battery, and becoming red hot burned its way slowly through the tissues. There was, of course, scarcely any hemorrhage, and the after-treatment was as usual. Two days afterward the patient had retention of urine for twenty-three hours, necessitating the use of the catheter. The power of urination then returned, and the patient finally made a good recovery. A second case was also operated upon by the same method, and did well. Both wounds healed by granulation.

Case 3—Sarcoma of Neck—Galvano-Cautery.

About six months ago, while running backward, the patient struck the back of his head against a column. The force was not sufficient to stun him and the pain was only slight. But a few days afterward he noticed a small lump appearing in the region of the occiput. A few weeks later this became the seat of shooting pains, and six weeks after the injury he began to be troubled with frontal headache and great drowsiness. About this time he consulted a physician, who made an incision into the scalp over the occiput and removed several small pieces of bone. The wound, however, remained open and suppurated freely. Five weeks after this the patient was trephined and a button of dead bone removed. After this a growth made its appearance, which has been steadily increasing until it has attained the size of a large orange. This is very painful, of soft, brain-like tissue, bleeding at the slightest touch. At the edges it is continuous with the scalp. Under it dead bone could be felt. Examination of a portion under the miscroscope shows it to be a sarcoma, of the round celled type.

The tumor was removed by the galvano-cautery, because of the free hemorrhage which was feared were the knife resorted to. A loop of platinum wire was passed around the base of the growth and kept in close contact by means of long steel pins thrust into the substance of the tumor. The hemorrhage was very slight, scarcely a drachm of blood being lost. The wound was dressed with salicylic acid dressing. It continued to be very painful, and finally a small portion of the growth which had been left sloughed off. Fungoid granulations shot up around the lower margin of the wound, and the sarcomatous growth reappeared. In the upper portion of the wound the granulations were more healthy and the dead bone appeared to be separating. The sarcoma, however, continued to grow rapidly, and three weeks after the first operation a second and similar one was resorted to, and the recurrent tumor removed. It was about the size of the fist, and of the same character as before. At the upper portion of the wound there existed a *hernia cerebri*. After the second removal a large piece of bone was found underneath, quite loose, and was also removed. The wound was dressed as before. The patient made a good recovery from the operation, being up and about the ward the second day afterward. At this date, one week subsequent to the second removal, the wound seems to be progressing favorably, and there are as yet no signs of recurrence and no brain symptoms whatever.

In all these cases operated on by the galvano-cautery, until the separation of the ensuing slough, the wound smelt horribly, and frequent and copious syringing of antiseptic fluids was necessary. There were no unpleasant constitutional symptoms, however, and scarcely any fever, only about one-half a degree.

EDITORIAL DEPARTMENT.

PERISCOPE.

Injection of Ergotin in Post-Partum Hemorrhage.

M. St. Philippe relates (*Gazette Médical de Bordeaux*, January, 1878) a case of excessive hemorrhage consequent on faulty insertion of the placenta. Ergot administered by the mouth was ineffectual. He then injected ergotin under the skin, employing Moutard-Martin's solution, which contains one part of ergotin to six of water and six of glycerin. He injected an ordinary subcutaneous syringeful under the skin of the arm. The effect was instantaneous; scarcely a minute afterward the uterus firmly contracted, the hemorrhage ceased, and the patient did well. There was a little œdema around the wound, but no inflammation. M. Chantreiul reports also (*Journal de Thérapeutique*, February 25th, 1878) a case of excessive metrorrhagia preceding labor, and succeeding it after the application of forceps, with syncope and uncontracted uterus. In this case, M. Chantreuil injected, at short intervals, four small subcutaneous syringefuls of a solution of equal parts of Bonjean's soft ergotin and distilled water. Some of the solution was lost. He estimates altogether the quantity of ergotin injected at twenty-one and a half grains. At the end of half an hour the uterus contracted, and remained firm all night. To counteract the acute anæmia to which such patients often succumb, twelve or fifteen hours after delivery he injected four times a syringeful of ether under the skin, and gave other similar injections of brandy during the night. Under this influence, the patient revived and warmth returned. As the stomach would not tolerate anything for days, rectal injections of beef tea, milk, and wine and water, were employed. A blister was applied over the stomach, which tended to restore its tolerance of food; and the patient recovered. Dr. Chantreuil employed, with the same success, injections of ether in four other cases of hemorrhage, of which two were after abortion and two after accouchement. In all four, the state of the patients was so alarming that transfusion had to be considered. Hypodermic injections of ether, which do not offer the dangers of transfusion, which are easy to practice and require no preparation, appear to Dr. Chantreuil as efficacious as transfusion itself.

On Paroxysmal Hæmatinuria.

At a recent society meeting, in London, Dr. Fenn gave the particulars of four cases of paroxysmal hæmatinuria which had been under his care. Case 1.—A woman, aged 49, was seen in her fifth attack, which existed eight weeks. The first attack occurred sixteen years before. The complications were tonsillitis and subacute rheumatism. Case 2.—A woman, aged 22, had a fourth attack, the duration of which was two weeks. The first attack occurred three years before. The complications were muscular pains and debility. Case 3.—A young man, aged 18, had a fifteenth attack, which lasted a day. The first attack took place four years before. Anæmia and subacute rheumatism existed as complications. Case 4.—A boy, aged 14, had the first attack, the duration of which was six weeks; it was complicated with mitral disease and rheumatic enlargement and tenderness of the finger joints. The urine possessed the usual characters as described by all observers. In color it was very dark and opaque; the quantity was in excess. There was a copious brown deposit, exhibiting, under the microscope, a few misshapen blood corpuscles or none at all, granular matter (hæmatin?), uric acid, and oxalate of lime crystals in abundance. The author suggested the following sequence of events in this pathological condition: 1. A rheumatic or neurosal diathesis. 2. Defective assimilation and consequent formation of unstable blood elements. 3. A paroxysmal or continued disturbance of the nerve ganglia which regulate the functional activity of the blood glands. 4. A consequent rapid retrograde metamorphosis and imperfect oxidation of the blood elements, shown by 5. An excess of *débris* thrown off by the kidneys in the form of unaltered hæmatin granules, uric acid and oxalate of lime. The prognosis was uniformly favorable. The treatment was unsatisfactory. In the prolonged cases, all styptic and astringent remedies seemed to fail. The chief indication then left was to nourish the patient as well as possible, and insist upon rest and warmth at the commencement of the attack.

The Treatment of Alcoholism.

At the New York State Inebriate Asylum, Dr. David H. Kitchen, the Superintendent, gives the following as some of the prescriptions which have proved to be most reliable :—

℞. Acidi phosphoric dil., ♏x.
Elixir calisayæ, ℥ss. M.
Sig.—To be taken at one dose, and repeated before each meal.

℞. Tincturæ nucis vomicæ, gtt.x
Tincturæ cinchonæ co., ℥ij. M.
Sig.—To be taken in water before meals.

℞. Spt. ætheris sulph. co., ℥j
Tincturæ nucis vomicæ, gtt.x. M.
Sig.—To be taken when the patient suffers from great restlessness.

℞. Extract hyoscyami, fld., ♏xx
Chloral hydrat, gr.xx.
Aquæ. q. s. M.
Sig.—For insomnia.

℞. Extract fluid hyoscyami, ♏xxx
Sig.—In insomnia, and repeat if necessary.

℞. Extract fluid conii, ♏xxx.
Potass. bromidi, gr.xx.
Aquæ. q. s. M.
Sig.—Repeat in cases of insomnia.

℞. Potass bromidi,
Sodii bromidi, āā. gr.xx
Aquæ. q. s. M.
Sig.—To be repeated, if necessary, in cases of insomnia; particularly useful where there is marked restlessness.

It has frequently been observed in this institution, that a single glass of milk, taken at bedtime, will produce the same effect as an anodyne or hypnotic, and as a rule we adopt this course before we prescribe medicine; often we prescribe medicine in milk. Experience has also demonstrated that the hot bath does more to relieve the unsettled condition of the nervous system than any medicine we can prescribe.

The Effects of Cold and Warm Baths.

A writer in the *Lancet* says :—

The effects of baths are produced mainly by their action on the cutaneous nerves. The sudden immersion of the body in cold water produces a shock, which is followed by a slight shiver in the muscle, and the contraction of the cutaneous capillaries. There is often also a slight gasping of the breath. There is a feeling of cold, and the temperature is at first slightly elevated and then depressed. The pulse and respiration are both quickened, and the amount of carbonic acid eliminated by the lungs is notably increased. If the water be very cold and the bath continued, these symptoms deepen in intensity; but if the body be quickly removed from the bath, the familiar phenomenon known as reaction appears, and the first effects are all reversed; there is dilatation of the cutaneous vessels, accompanied by a sensation of warmth and a general feeling of vigor. The cooling effect of a cold bath is brought about, probably, in two ways: first, by the actual conduction of heat from the surface of the body by cold water; and, secondly, by a modification of heat production, induced by the influence of the cutaneous impressions upon the heat-regulating centres in the upper part of the spinal cord and the medulla. The very rapid depression of temperature which takes place when hyperpyretic patients are immersed in water can hardly be explained by reference merely to the ordinary laws of heat, and it is almost certain that the central effects produced by cutaneous impressions play a very large, if not the largest, part in the process. The effects of the cold bath being mainly due to impressions made upon the cutaneous nerves, the various modifications of the cold bath largely depend on their power of increasing its stimulating action. The colder the water, the more violent the impression. The frequent change of water, such as we get in the sea or in running streams, increase the stimulating effect. Great force of impact, as when water falls from a height or comes forcibly through a hose upon the body; the division of the stream, as is seen in shower baths and needle baths; and the addition of acids or salt to the water, all act, it would seem, by increasing the stimulating power which the water exerts upon the cutaneous nerves.

Warm baths produce an effect upon the skin directly contrary to that which is brought about by cold water. The cutaneous vessels dilate immediately under the influence of the heat, and although this dilatation is followed by a contraction of the vessels, this contraction is seldom excessive; and the ultimate result of a warm bath is to increase the cutaneous circulation. The pulse and respiration are both quickened as in the cold bath. The warm bath increases the temperature of the body, and by lessening the necessity for the internal production of heat, it decreases the call which is made upon certain of the vital processes, and enables life to be sustained with a less expenditure of force. While a cold bath causes a certain stiffness of the muscles if continued for too long a time, a warm bath relieves stiffness and fatigue, as every hunting man must know full well. The ultimate result of hot and cold baths, if their temperature be moderate, is about the same, the difference being, to use the words of Braun, that "cold refreshes by stimulating the functions, heat by physically facilitating them; and in this lies the important practical difference between the cold-water system and the thermal method of treatment."

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SOME RECENT ADDITIONS TO THE BOTANICAL MATERIA MEDICA.

It is not easy to keep pace with the rapid increments to medical botany. Almost every week brings out a new aspirant for popularity in this department.

One of the more important is the *Œnothera biennis*, the evening primrose. It is not exactly a new remedy, inasmuch as Dr. G. B. Wood states, in the "United States Dispensatory," that the late Dr. R. E. Griffiths found it valuable in many diseases which show themselves by eruption. He used a decoction of the small branches, leaves, and the bark of the stem and larger branches, and applied this as a lotion to the affected part several times a day. He found it more useful in tetter than in any other disease. He considered its virtues to reside in the mucilage of the cortical layers, which leaves a slight sensation of acrimony on the fauces.

Early in 1877, Dr. R. N. S. Davies wrote to the *American Practitioner*, stating that he had found it "a mild but efficient sedative to nervous sensibility, acting more especially on the pneumogastric nerve." He recommended it for further trial in whooping cough, spasmodic asthma, and certain sensitive conditions of the stomach interfering with healthy digestion. More lately, Dr. J. F. Sullivan states that eight years' experience has taught him also to regard it as a mild sedative, with the additional property of being an alterative in many diseased conditions of the mucous surfaces. He has found it useful in many cases of dyspepsia, accompanied by an irritable state of the stomach and bladder, but believes its "chief value will be found in typhoid fever, to the treatment of which it is peculiarly adapted by its soothing action upon the intestinal mucous surface."

A more recent discovery is the *Sophora Speciosa*, a native of Texas, the bean of which is used. It has not yet been determined in what part the medicinal activity of the bean resides, but the probability is that it is in the testa. The seeds are contained in the pod, of yellowish-brown color, varying from 1 to $2\frac{3}{4}$ inches in length, and enclosing from one to five seeds. Professor Wood, Jr., has observed in them an apparently new alkaloid, for which he proposes the name of *Sophoria*. Half of one of the seeds is said to be sufficient to produce delicious exhilaration, followed by a sleep lasting one or two days. It is said that a whole seed will kill a man.

The *Duboisia Myoporoides* is an Australian species, of much therapeutic promise. It has marked mydriatic properties, resembling atropia. Its alkaloid, however, is a different substance. The solubility of duboisia in water is twice, or more than twice, that of atropine. It has more power in neutralizing acids than atropine. Its behavior to sulphuric acid (cold), and also when heated with bichromate of potash, differs from that of atropine. When boiled with baryta, the odor it evolves is entirely different from that given off by atropine under the same conditions.

Dr. Brisbane, who introduced the plant to notice, stated that its physiological action would be found to be different from that of atropine; it is certainly much stronger, for the watery extract alone is equal, weight for weight, to atropine. One very peculiar physiological effect is this: If a dose be given to a dog, subcutaneously, he will walk straight forward, and if he get into a corner he will struggle and cry for a long time, and paw at the walls, but it appears never to occur to him to turn round. The same thing will happen if he gets mixed up with the legs of a chair; he will fight with them for some time before he gets out, and seems to have no notion of going anywhere but straight forward. On cats, however, it has not this effect.

Another potent substance is *ditain*. It is the bark of the *alstonia scholaris*, a native of Java, and has been found to contain an active principle, the physiological effects of which resemble those of curare. It is said to be an antipyretic, a vermifuge, and a poison. It has the property of paralyzing the intra muscular terminations of the motor nerves and the spinal cord at the same time.

Without stopping to talk of *goa powder*, which has been several times referred to in the Reporter, as a source of chrysophanic acid, we pass on to *chaulmoogra oil*. This is a remedy which has been employed for centuries by the natives of India, in the cure of leprosy and other forms of skin disease. It is a fixed oil procured by expression from the seeds of the *Gynocardia odorata*, which are now officinal in the Indian Pharmacopœia (*Gynocardiæ semina*). Mr. R. C. Lepage, late of Calcutta, has collected in pamphlet form all that is known regarding both the plant and the oil. The use of the latter was brought under the notice of the profession in 1854, by Dr. Mouat, of the Bengal Medical Service, who had employed it with considerable success in a few cases of leprosy, scrofula, and constitutional syphilis. But though others have found the remedy of service in these and allied affections, its more general employment has been retarded by the persistent adulteration of the oil by the natives of India. Dr. Dymock, of Bombay, however, has recently discovered means for detecting its adulteration, so that it is believed it can now be procured in a state of purity, and it is expected that the remedy will be found of real service in the above-mentioned diseases, and others of a similar nature. The dose of the oil, which is somewhat unpleasant in flavor and smell, is from five to six drops, gradually increased. It is best given after meals, and may be taken in milk, glycerin, or cod-liver oil. The seeds, coarsely powdered, may be given in the form of pills of five or six grains. In skin diseases the oil should also be applied externally, or the unguentum gynocardiæ (I.P.), which is prepared by beating the seeds to a paste along with simple ointment.

Finally, the *Pinus Cembra*, or Siberian stone pine, is given as the source of a valuable drug in bronchial affections, popularly known in

Northern Europe as "Riga balsam." It is prepared by distillation from the fresh shoots of the tree.

NOTES AND COMMENTS.

Therapeutical Notes.

QUININE IN DIARRHŒA.

M. Gurgot, of Paris, has succeeded in curing some obstinate cases of catarrhal diarrhœa by gradually increasing doses of quinine combined with syrup of codeia.

ERGOTIN SUPPOSITORIES.

The following formula is that very generally used by practitioners in Ireland:—

℞.	Hard soap,	ʒj
	Water,	♏xxx
	Ergotin,	gr.xxxij
	Glycerin,	ʒss.

Dissolve the soap in the water, with a gentle heat, and add the glycerin; evaporate, to get rid of the water, add the ergotin, and pour into moulds. By this manipulation a nice suppository is obtained which is difficult to make with glycerin alone.

BED SORES.

Dr. Duckworth, of London, advises the continuous use of a large poultice. Balsam of Peru may be added if the condition of the sore requires it.

ALCOHOL DRESSING IN SCALP WOUNDS.

Professor Gosselin urges the use of alcoholic dressings in contused and lacerated wounds of the scalp. He says that whatever this dressing may be with regard to other parts of the body, in wounds of the head it seems to be that which gives the patient the most protection from consecutive accidents and leads to the quickest cicatrization. So treated, these wounds have less tendency to inflammation and suppuration, are cured quickly, and are less often attended with erysipelas and phlegmonous inflammation.

New Method of Plugging Teeth.

Dr. Weil, of Munich, has employed and advocated the method of first extracting the tooth, filling it with amalgam or gold, and then replacing it. He states that the results are excellent, and the teeth can be freely used. He keeps the tooth out of the socket for one or two hours, as may be necessary, and yet the tooth ultimately is firmly fixed. He finds the method quite applicable to both bicuspids and molars. Since extraction can be performed under anæsthetics, many persons will prefer the new method to the old, provided the subsequent refixing does not involve more than complementary pain, and provided also the method is found as successful in other hands as in those of the inventor's.

Color Blindness.

Dr. Lederer, a naval surgeon, in an elaborate paper in the *Wien. Med. Wochenschrift* (1878, Nos. 2 and 4) states that the observations which he has made upon 1300 individuals lead him to the following conclusions:—1. That color blindness, properly so called, in its strictly scientific sense, is a very rare occurrence. 2. People who are not always conversant with colors are pretty numerous; and this should be borne in mind in selecting those who have to be engaged on important services with colored signals. It would be incorrect, however, to regard all such persons as subjects of color blindness.

Number of Pulsations of the Heart.

Dr. Guyot estimates the average number of pulsations of the heart at a little less than forty millions per annum; during a life of fifty years, 1,928,160,000; during a life of sixty years, 2,269,800,000; and during a life of eighty years, 3,007,040,000. To these figures, applicable to an individual in constant good health, have to be added the pulsations of fetal life, calculated at 27,216,000. The total number of contractions in a centenarian would amount to 3 milliards 792 millions and 550,000, or nearly 4 milliards.

Poisonous Face Powder.

A firm of chemists write to the *Lancet*—

"For some time past there has been a sad epidemic among the young children in the neighborhood of London, ending, indeed, in many cases, with the death of the child, the disease presenting every appearance of erysipelas. A client of ours, whose child was similarly attacked, suspected the violet powder in use in the nursery, and sent a packet to us for chemical analysis. We returned a certificate (and, we may add, much to our own astonishment), stating that it contained twenty-five per cent. of white arsenic.

"White arsenic is, we believe, at the present time exceedingly cheap—at all events, cheaper than starch, of which violet powder is usually made. These poor children, then, have suffered and died from arsenical poisoning. We have ourselves purchased several packets of this powder, and having submitted them to chemical analysis, discovered the same poison in the same amount."

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CORRESPONDENCE.

Malarial Hæmatemesis.

ED. MED. AND SURG. REPORTER.

In your issue of the REPORTER, of May 4th, I see the report of a case of malarial hæmatemesis, reported by A. P. Brown, M. D., of Jefferson, Texas. You will please permit me, through the columns of your most excellent journal, to report the following case:—

Mr. E. D. was taken on the morning of July 27th, 1877, with a chill and fever, accompanied by nausea and vomiting; had been having chills for several days; was called to see him at 11 A. M., on the same day that he was taken ill; found him vomiting and purging blood, suffering intense pain of the stomach and bowels, extremities cold, pulse small and quick, and easily compressed; had been vomiting and purging almost incessantly for about two hours; gave him half a grain of sulph. morphia, dry, on the tongue, which checked the hæmatemesis. Ordered the morphia to be repeated, if necessary, and left with a promise to return at 2 P. M. Saw the case at the appointed time, with Dr. J. F. Lightfoot, of this place; he was a little better; had not vomited any since I left him; high febrile movement; gave him iced water and ice freely to drink and to eat, and ordered the following—

℞.	Quiniæ sulph.,	ʒj	
	Acid gal.,	ʒj	
	Pulv. doveri,	ʒss.	M.

Div. in chart No. xv.
SIG.—One every two hours.

℞.	Tr. ergot.,	℥ss	
	Tr. opii,	ʒij	
	Ol. terebinthinæ,	ʒij	M.

SIG.—Forty drops every three hours.

No more hemorrhage occurred, and he made a rapid recovery. S. J. WEDDING, M. D.
Fordsville, Ky.

◆

—The degree of Doctor of Medicine has recently been conferred in Holland, upon a woman, a Miss Aletta Jacobs, who has announced her intention of publicly practicing medicine at Amsterdam. This is the first instance in Holland in which a medical degree has been conferred upon a woman.

NEWS AND MISCELLANY.

Arkansas State Medical Society.

This Society met at Fort Smith, May 1st. Dr. J. H. T. Main delivered the address of welcome, which was responded to by Dr. R. G. Jennings. Dr. A. W. Carrigan, President, delivered the annual address. He spoke of malarial influences throughout the State that would probably be relieved by proper hygienic measures, and for this object recommended the establishment of a Board of Health by the General Assembly of the State. He criticized the action of the last Legislature in their neglect of this important measure, and trusted that something might be accomplished looking to this end, in the future. Of the six or seven thousand who annually die in this State, fully one-fourth might be saved if proper sanitary precautions were exercised; that the profession of the State are not responsible for this annual loss to our population.

Papers were presented by Dr. J. E. Bennett, on ptosis; Dr. T. E. Morrell, on conjunctivitis; Dr. R. G. Jennings, on conservative surgery, and others.

The Judicial Council presented the following resolution, which was adopted:—

Resolved, That no member of the Hot Springs and Garland County Medical Society be allowed to register, or delegate therefrom be admitted at this meeting of the Society. Five members of these societies were also expelled in due form. [We believe their offence was that noted in this journal, cur. vol. p. 180, and similar actions].

The following officers were elected:—*President*—A. A. Horner, of Phillips county. *Vice-Presidents*—T. W. Hurley, of Benton county; W. H. Hawkins, of Little River county; J. S. Shibbley, of Logan county; Isaac Folsom, of Lonoke county. *Secretary*—R. G. Jennings. *Assistant Secretary*—L. P. Gibson. *Treasurer*—A. L. Breysacher. *Librarian*—J. H. Lenow.

Next place of meeting, Little Rock, the first Wednesday in May, 1879.

The Prevalence of Trichiniasis.

Two well marked instances of trichiniasis have been found in subjects, in one of the dissecting rooms of this city, within the last month. The clinical history was in both unknown.

The fear that fresh fish, especially shad, are infected with trichinæ has been freely expressed in the daily papers. A worm has been noticed on them which has been taken for the trichina. Professor Leidy recently stated, at a meeting of the Philadelphia Academy of Natural Sciences, that this worm has long been known in Europe as a parasite of the herring, mackerel, cod, salmon and other food fishes. It usually infests the internal organs, and is often observed surrounded by a covering, in a close coil, upon the roes, the intestines and the liver. It is from half an inch to an inch or more long. Most fishes have a few of the parasites, and sometimes they are exceedingly numerous. They appear not to affect the health of the fishes unless they are very numerous, when they impoverish their hosts.

Prof. Leidy believed that they did not affect the wholesomeness of the fishes as food; and perhaps when cooked with them, were good and nutritious. Like others, he felt an antipathy to the worms, and he was in the habit of scraping them off from the roes of smoked herring before eating these.

The Infectious Disease Act.

The second section of the Act to prevent the introduction of contagious or infectious diseases into the United States, approved April 29, 1878, provides:—

"That whenever any infectious or contagious disease shall appear in any foreign port or country, and whenever any vessel shall leave any infected foreign port, or having on board goods or passengers coming from any place or district infected with cholera or yellow fever, shall leave any foreign port, bound for any port in the United States, the consular officer, or other representative of the United States at or nearest such foreign port, shall immediately give information thereof to the Supervising Surgeon-General of the Marine Hospital Service, and shall report to him the name, the date of departure, and the port of destination in the United States; and the consular officers of the United States shall make weekly reports to him of the sanitary condition of the ports at which they are respectively stationed."

The Act further provides that the "Surgeon-General of the Marine Hospital Service shall, under the direction of the Secretary of the Treasury, be charged with the execution of the provisions of this act, and shall frame all needful rules and regulations for that purpose, which rules and regulations shall be subject to the approval of the President." In accordance with these provisions, the Supervising Surgeon-General has addressed a circular to the consular officers in various cities, arranging for the transmission of these despatches.

Another Disgraceful Life Insurance Transaction.

This journal has at various times taken occasion to show the false and dangerous system of life insurance generally prevalent in this country. An illustration of it was recently given by the action of the Knickerbocker Life Insurance Company of New York, in refusing the payment of an endowment policy on the life of William M. Tweed, on the ground that he had made a sea voyage without obtaining the consent of the company. No pretence was made that it had endangered his life or injured his health. The daily *Times* of this city justly says of this proceeding:—

"To dodge the payment of such a claim as this on the miserable quibble which the Knickerbockers raise, is to bring insurance into contempt among people who take into consideration the ordinary risks of life. To take a man's money for a series of years, under pretence of insuring his life, and then, on a mere technicality, to refuse to pay the amount justly due, is simply to commit robbery."

Governmental Precautions Against Typhus, Cattle Plague, etc.

The Department of State has received a despatch from the United States Minister at Athens, reporting that, in consequence of the prevalence of exanthematic typhus and small-pox at Constantinople and Salonica, passengers coming into Greek ports will not be allowed to communicate with the shore until after examination by the health officer, and those suffering from the diseases will be quarantined. Malignant typhus and small-pox prevail among the soldiery in many other parts of Turkey.

Mr. John Meredith Read also reports that, as a sanitary precaution against the cattle plague, the Greek Minister of the Interior has forbidden the importation into Greece of oxen and buffaloes, and of every substance taken from those animals, coming from Thrace or Asia Minor. They may, however, be imported into Syra and Corfu.

A National Discredit.

To the disgrace and discredit of this whole country, in the House of Representatives, on May 5th, the vote of Speaker Randall caused the defeat of the proposition, in the executive and legislative appropriation bill, to increase the force in the Surgeon General's office so as to facilitate the adjudication of the claims of the pensioners of the late war. The vote resulted in yeas, 115; nays, 114. Another vote was taken on the motion to strike out the section which authorized the entire clerical force (six excepted) now employed on the medical and surgical history of the war to be employed on the work necessary to the prompt payment of pensions. The motion was rejected —yeas, 108; nays, 115. The completion of this magnificent work is thus hampered and postponed. With the present force in the Surgeon's office, it is impossible to reach the case of an applicant for a pension in less than fourteen months. The object of the increase of force was to facilitate matters so that a report could be made in reasonable time. This point could have been reached in six months, had the section passed. Applicants must now wait.

—The Hospital newspaper boxes, in which persons can deposit newspapers and other reading matter for the benefit of hospital patients, have been established in the several railroad depots of this city, and physicians will do well to remind their friends of them.

Obituary Notices.

—General J. J. B. Wright, Surgeon United States Army, died at Carlisle, Pa., last week, aged 78 years. General Wright entered the service in 1833, and served with distinction in the Mexican war. He was connected with the military post at Carlisle for fifteen years prior to 1877, in which year he was placed on the retired list, with the rank of Brigadier General. He was the father-in-law of Generals Stanley and Barriges, and the father of Surgeon J. P. Wright.

—Dr. Alfred Wagstaff died on May 3d, at his residence at Islip, Long Island, in the seventy-fifth year of his age. Dr. Wagstaff was born in New York, and was well known years ago as a medical practitioner, and during his life accumulated a very large fortune.

Personal.

—The trial of Dr. George H. Marshall, indicted for malpractice which resulted in the death of Alice Kernan, of Pittsburg, in March last, was concluded May 11th. The defendant was sworn on his own behalf, and his evidence was sufficient to satisfy the jury of his guilt. The case was submitted to the jury this morning, and after a few moments' deliberation, a verdict of guilty as indicted was rendered.

—Among those who have been recently carried off by typhus in St. Petersburg is Dr. Blessig, Surgeon to the Ophthalmic Hospital of that city, into which typhus had been carried by one of the patients operated upon. Born at St. Petersburg, and highly educated under von Graefe, Virchow, and other German celebrities, he had established himself in his native city as a highly successful and scientific oculist.

—The April number of the Ohio *Medical and Surgical Journal* contains an appreciative biography of the late Dr. S. D. Turney, Professor of Diseases of Women and Children, Starling Medical College, written by Dr. J. H. Pooley.

A Consultation with an Old Style Doctor.

Dr. W. P. King related, at the last meeting of the Missouri State Medical Society, some of his early experiences in the southwest parts of that State. He was young then, and recalls this incident.

"Of all the things that afflicted me in my early experience as a physician, the idea of a consultation was the worst. I dreaded meeting the old physicians. I thought gray hairs and wisdom were synonymous words. There was a man practicing in that country who had been there, well, ever since the flood. He had a wonderful reputation. I put the thing off as long as I could, but the inevitable came at last. One of the prominent men in my neighborhood got sick with pneumonia, and when the lung had solidified, and he had passed near unto death, I honestly informed the family of his dangerous condition. Of course they wanted Smith. I call him Smith, because that was not his name. Smith came, and I met him with fear and trembling. He wore a No. 3 hat and a No. 13 boot. I gave him the history of my case and the treatment, and awaited the coming storm. I expected to be overwhelmed with a flood of technicalities and with his wonderful knowledge of pathological anatomy. He looked at me through his spectacles with the gravity of an owl and said: "Doctor, did you ever try a black cat-skin poultice in these cases?" I admitted that, in my ignorance, I never had. I thought it a good time for me to get out of the case; so I informed the family that, as Dr. Smith had been their family physician before they knew me, he had better take the case. They were only too glad to make the change. That was an awful and calamitous night on cats, especially black cats.

The man died, and Smith told them that if he had seen the case two hours earlier, and had succeeded in getting a "leetle" blacker cat, he would have saved him. The family still think so.

Items.

—Physicians desirous of visiting the meeting of the New Jersey State Medical Society can obtain excursion orders, good from May 28th to June 1st, for $3.36, by applying to Dr. H. Genet Taylor, Camden.

—In one of the relief camps in India recently, among the famine stricken natives brought in was "a full grown man, large-limbed and big-made, who weighed forty five pounds.

—Quinine is so high in Texas that the editor of the Dallas *Herald* cannot afford to indulge in the favorite luxury of his section—fever and ague.

MARRIAGES.

Brehman—Smith.—In New York, April 29th, by Rev. M. N. Cornelius, assisted by Revs. H. Baker and Bruce, Dr. Geo. E. Brehman and Miss Jennie Smith, daughter of S. H. Smith, Esq.

Culbertson—Chapman.—At Buffalo, N. Y., April 17th, by W. Alfred Gay, J. N. Culbertson, M.D., and N. Francelia Chapman, all of Buffalo.

Leadenham—Smith.—At the residence of the bride's parents in Beaver City, April 22d, by Rev. Mr. Allen, Dr. J. W. Leadenham and Miss L. May Smith.

Reeder—Hay.—At Scudder's Falls, on Thursday, April 25th, by the Rev. John Hall, D.D., Dr. Henry Reeder, of Seneca county, New York, and Miss Sarah A. Hay, daughter of the late Col. James N. Hay.

Wellman—Brennan.—In New York, on Friday, April 26th, by Rev. Dr. Ormiston, W. I. Wellman, M.D., and M. Christina Brennan.

DEATHS.

Wagstaff.—Suddenly, at his residence, Tahlulah, West Islip, Long Island, on Friday, April 26th, Dr. Alfred Wagstaff, in the seventy-fifth year of his age.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION**, Cerebral Congestion, Headache, Indigestion, Bile, Hemorrhoids, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. Belin and Tardieu, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

SAVORY & MOORE, 143 New Bond Street, London.

PARIS, 1867.	1868.	1872.	1873, VIENNA.
Prize Medal.	**Silver Medal.**	**Gold Medal.**	**Medal of Merit.**

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE, as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of iodide of iron are so scrupulously prepared, and so well made, that none other have acquired so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of Blancard *Pharmacien, No. 40 Rue Bonaparte, Paris* without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

THE scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians : —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly :* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say :—

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine*, *quinidine*, *cinchonine*, *cinchonidine*.

F. A. GENTH,
Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine*, *quinidine*, and *cinchonine*, and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,
Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine*, *quinidine*, *cinchonine*, and *cinchonidine*.

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.
Member Va. State Board of Health,
and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
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THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

INFLAMMATION, IN REGARD TO BLOODLETTING.

BY GEORGE HAMILTON, M.D.

Read before the Philadelphia County Medical Society, February 13th, 1878.

The subject of the paper for this evening is closely related to that presented by the writer for discussion last winter. It was then venous congestion, and bloodletting in relation thereto; it is on the present occasion inflammation with regard to the abstraction of blood. No two pathological conditions could be more diverse than these; for inflammation, when acute, is represented as an excess of vital movement; while on the other hand venous congestion, when profound, may so obstruct or arrest vital action as to destroy life in a few hours, of which we see evidence in some forms of cholera, asphyxia, and in malignant intermittent. In these cases the congestion chiefly affects the brain, lungs and other principal organs; on the contrary the disastrous effects of intense inflammation are most obvious in the capillary system of the organ attacked, as seen in alteration or destruction of tissue, or in fatal effusion.

Different as the arteries and veins may be in material composition and form, the functions they are destined to perform exhibit them as one entire, harmonious system. This is especially evident on directing our attention to the capillary system, where the two sets of vessels unite by inosculation. The arteries, veins, and absorbent vessels are here of such tenuity, and so intimately associated, that it has hitherto been impossible to define the limits and correlation of one set of vessels as distinct from the other. In this system, pervading every part of the organism, and under control of nerve power, are performed the various processes essential to nutrition and assimilation. Here also are found the material elements from which emanate, in great measure, the forces and movements which, when normal, constitute life, or when obstructed and deranged beyond a certain point, destroy it. To unveil the mysteries of normal capillary action has been for many years the object of profound thought and persevering experiment upon the living tissue, and of an amount of labor in this most difficult field of research that may well challenge our admiration. Only a limited success has rewarded these efforts, so that we may readily infer the difficulties that must present in attempting a solution of abnormal movements in the capillary system, emphatically called the region of life, and yet often proves to be that of death. Inflammation has here its chosen seat, and whether of such violence as quickly to disorganize and render gangrenous tissue and organs essential to life, or to develop itself by slow, insidious steps, it is that affection to which our attention is more frequently called than to all others combined. In this point of view, then, we must bear in mind that, notwithstanding the almost general disuse of bloodletting at the present time, there are not wanting teachers, writers, and practitioners in medicine, of no obscure reputation, who are decidedly of the opinion that from the former great abuse in this connection we have, without necessity, fallen into the other, perhaps less hurtful, extreme, of an almost entire neglect of bloodletting, urgent and violent as inflammation and arterial action may be. The introduction of this subject at the present time may not, therefore, be improper.

The inflammatory process is regarded by authors in a different or even opposite light, so far, at least, as the object to be accomplished by that process is concerned. Some, like Hunter, view it as a salutary movement, specially designed to eliminate from the organism some morbific agent, or to limit its action, or again to restore wounded and ulcerated tissue to its normal condition ; while others declare it to be at all times and under every circumstance injurious, tending more or less strongly to destroy life. A more moderate, perhaps more rational, view is entertained by a third class of observers, who, avoiding extremes, believe that inflammation may be conservative or destructive, depending, in this regard, upon the degree of its violence, the particular condition of the system, the tissue attacked, and the more or less normal state of this tissue at the moment of attack. The discrepancy in opinion upon the point in question may, doubtless, in many cases, be attributed to theoretical views originating in the assent to or the rejection of the doctrine of a *vis medicatrix naturæ*. The opposition to bloodletting in disease, and in fact to heroic treatment of any kind, is found most frequently among physicians who have implicit confidence in the recuperative energy of the system ; while, on the contrary, those who have least faith in an inherent power of the organism to reinstate normal action will adopt a bolder and, as they believe, the more successful mode of treatment. Many practitioners of the class first named object, in every grade of inflammation, to the loss of blood, on the assumption that the conservative vital force, busy in limiting the extension and moderating the violence of inflammatory action, or in repairing inflamed and injured tissue, is interfered with, and thwarted in its efforts for the elimination of morbific matter, and the restoration of normal movement. By the abstraction of blood it is said that its natural composition is altered, from disproportionate loss of the red globules, so indispensable to the support and stimulus of the entire nervous system, and that as a sequence the abnormal condition of the capillary system in inflammation is aggravated by insufficient or perverted action of the nervous fibrillæ controlling nutrition and waste. However plausible these views may be, they find only a partial support in the fortuitous facts and incidents upon which they are predicated. With what indefatigable diligence and patient labor the student in histological and physiological research has pursued his arduous task you are all aware, and surely no class of investigators have ever engaged in a work so difficult, encompassed by so many obstacles, so repulsive in some of its features, and unpromising as regards realizing the objects in view. Nor could it well be otherwise, for the student in this line of research aims at the revelation of the secrets of organization ; a solution, in fact, of the mysteries of organic movement, of life itself. Should this ever be accomplished, another and probably more difficult problem will remain to be solved, and that is to discover the intimate causes of the numerous abnormal conditions to which man is constantly subject, and more important than all, precisely to define in what these deviations from normal action consist. That modern physiology has done much to enlighten the physician, and render his task easier and more certain of success in the treatment of many affections, those of the nervous system in particular, is evident; and yet it is equally clear that, in the wide field of general practice, he is constantly under the necessity of recurring to the lessons of bedside experience, and to the more crude, yet more palpable and comprehensible physiology and pathology exemplified in the writings of a Pinet, a Bichat, a Louis, an Andral, a Trousseau, and a Niemeyer, a Stokes, a Graves, and a Murchison, and many others of similar reputation and authority, abroad and in our own country.

In approaching the question of the propriety or the impropriety of bloodletting in inflammation, it may be proper to say, as many of you know, that at the time of my graduation venesection was so greatly in vogue that it was often practiced, not only in disease, but for any slight transitory feeling of malaise. The spring of the year was, with some persons, a favorite season for ridding the system of a superabundance of too rich blood, the product, as was imagined, of comparative inactivity and a too generous diet during the previous winter; or, again, pregnant women would, perhaps, be bled, at intervals, two or three times, so that, at the period of accouchement, everything would go the better for it, as regarded either mother or child. Bloodletting was, in fact, a custom of the times, and hence there is no risk in declaring it was resorted to oftener irrationally than the reverse. The custom is now of an opposite character, and the question mooted from time to time, by practitioners of eminence, is, whether we do not occasionally deprive a patient of the benefit of a practice once so generally abused? It may be supposed that one who had been taught the general utility of venesection, and had practiced it in earlier days, was not competent to write without bias upon this subject; how then shall he be less impartial who was never so taught, and has had no experience in the matter, or knowledge thereof, except that by almost common consent it has justly been nearly banished from the domain of medical practice. There is no predilection on the part of the writer for even a partial return to the systematic abstraction of blood practiced at the time alluded to, nor, indeed, would it accord with his theory or practice, conservative as the latter ever has been, and is more so at the present time.

The propositions in regard to the adoption or rejection of bloodletting as a curative agent in inflammation, are such as have been suggested by my bedside observation, intercourse with other physicians, reading and reflection. The actual condition of the patient at the moment he is seen must be our guide; and if venesection or local depletion be decided upon, the amount to be withdrawn is the first point to determine, and this can only be done by the practitioner at the bedside. If the patient be seen soon after the attack, is of robust constitution, of previously unimpaired health, the inflammation of great violence, seated in a vital part and attended with strong arterial reaction, venesection will not only be safe, but, in all probability, of great benefit. It is to be remembered, too, that a case of this kind is apt to run a short course, and if not promptly treated by the most active and prudent measures, fatal lesion may quickly occur, no matter how vigorous the patient may be. Cases of this sort certainly do not now happen so often as in the period referred to; but the relief then obtained in similar cases was so decided, as is admitted by a vast majority of the writers and physicians of that day, that it doubtless had something to do with the introduction of the indiscriminate practice of bleeding in disease in general. A second venesection, when the first has not procured much relief, should not be undertaken without full consideration of all the symptoms, the state of the pulse, in particular, requiring close examination. It is best, in any case of this kind, to bleed freely at first, so that a favorable impression may be made as promptly as possible. But there is another condition sometimes met with in subjects of similar robust constitution to the one alluded to, especially when the lungs are the seat of inflammation. Here, instead of a strong, tense, excited and frequent pulse, it may be rather small, of only moderate strength, and free from tension, thus indicating no violent reaction of the arterial system, while the respiration may be quite as frequent, the oppression greater than in the former case, and the danger equally imminent. We now have superadded to inflammation of only moderate intensity, a degree of passive venous congestion explanatory of the lower grade of arterial excitement, and the more difficult respiration. The general aspect of such a patient would suggest the impropriety of depletion, while a rational view of the pathology involved would commend to our attention the necessity of venesection. The apparent debility in cases of this kind cannot be real in a robust subject, for this condition will not infrequently occur within the first thirty-six or forty-eight hours from the moment of attack; so that the inference is inevitable, that instead of irretrievable loss of vital power resulting from fatal lesion due to the intensity of inflammation, it must be regarded as a state of suppressed force, the inevitable attendant of venous congestion. In this view of the matter there need be no hesitation about the risk of bleeding, since, with the fingers upon the pulse whilst the blood is flowing, and giving attention to the movements of the chest in respiration, the practitioner will have a reliable guide for arresting at once, or continuing, the flow of blood. When, as generally happens, the pulse becomes fuller and stronger, the respiration less embarrassed, the blood inclines to run more freely, and assumes a brighter color, the propriety and utility of the treatment are made manifest. Should, on the contrary, phenomena of an opposite character become visible, the flow of blood must be arrested, and in any event the amount to be withdrawn must be determined by a careful consideration of each and every element having relation to the case. One point in this connection must be referred to, and it has probably suggested itself to the mind of members who may have had typhoid pneumonia to treat, when it has prevailed as an epidemic. The allusion is to the marked resemblance of some of these cases to the one just brought to your notice. Death in typhoid pneumonia is no uncommon event as early as the second, third or fourth day; and while some able and experienced authors attribute it, when occurring so early, to congestion in the capillary vessels rather than in the heart and larger vessels of the lungs and adjacent venous trunks, others maintain that the efficient cause of these quickly fatal attacks is to be referred to some widespread morbific agent affecting, primarily, the nervous system, and consecutively depraving the condition of the blood, and that some treatment in relation to this condition of the blood is the first step to be taken. Whichever view, if either, be correct, it is obviously prudent, when a typhoid epidemic influence prevails, to avoid general depletion until its necessity becomes evident, and this will be, as a rule, only when the congestion affects the more vital organs, and the larger venous trunks. If the congestion appears to be seated in the capillary system, local depletion will be the more appropriate and safer treatment.

It was not intended, in the preparation of this paper, to treat of inflammation of special organs, but pneumonia having been introduced, by way of illustration, it may not be improper to refer to one other specific malady, puerperal inflammation, the most fatal, perhaps, of all others; the most sad in circumstance and surroundings; the best calculated to enlist our sympathies and stimulate to every effort in behalf of the suffering and terrified patient, for nearly every woman thus attacked has a knowledge of the impending danger. While venesection in this malady is still, with many practitioners, the sheet-anchor of hope, there are others who utterly repudiate it as hazardous and dangerous. This very antagonism of opinion affords, indeed, ground of hope to the conservative physician; for it is to be feared that the employment or rejection of bloodletting as a curative agent in this disease is often determined upon some preconceived idea regarding its intimate nature and causation, without giving the necessary attention and deliberation to the widely different facts and incidents that in an especial manner characterize this affection. When the patient is of vigorous constitution, has encountered nothing during pregnancy to materially diminish her strength, has had a favorable accouchement, without subsequent exhausting loss of blood, and is attacked with violent inflammation, she should be bled freely at the earliest possible moment, for if productive of no other advantage, it will at least enable her to bear a much larger amount of opium. The pulse, in these cases, is not always a reliable guide in reference to venesection, as it is sometimes not very frequent, strong or tense, the excessive pain interfering with the free action of the heart, through some obscure restraint or inhibition of nerve power. To decide upon the propriety of a second bleeding is, in very many cases, a problem of difficult solution, and will put to the test the finest powers of observation and the most discriminating judgment. In a large proportion of cases all the conditions named justifying or rather demanding venesection do not exist, and hence greater difficulty will be encountered in arriving at a just conclusion. If the case be a violent one, requiring depletion, it will suffer no delay; for so rapid is the march of this malady, and so quickly destructive of tissue, that to delay the operation for the space of twelve hours might render void all further efforts. Whenever the conditions demanding depletion by the lancet are absent, or nearly so, no thought of venesection should be entertained, and in some of these cases, especially when the patient has not been seen early, even local depletion may tend rather to diminish than increase the prospect of recovery.

In the first part of this paper allusion was made to the antagonism of opinion regarding the purpose and effects of the inflammatory process. Hunter, and many others, believed that under reasonably favorable circumstances its tendency was beneficial, while others regarded it as at all times, and under all circumstances, injurious. Firmly convinced, as the writer is, of the existence of a *vis medicatrix naturæ*, and that what nature is visibly capable of effecting in the cure of wounds, ulcerations, fractured bones, and many other external abnormal conditions, she is equally capable of effecting within the body when assailed by disease, he can have no hesitation in saying that he regards the physician as simply the auxiliary of nature, and that in a vast majority of cases he can do no better than follow in her footsteps. That she often fails, even when aided by science and art, is true; but it is equally true that she succeeds, in a large majority of cases, in ridding herself of abnormal, and restoring normal action, whether aided by the physician or not. In consonance with these views it may readily be seen that, excepting in extreme cases, the reader does not favor, in the changed type of disease for some years past prevailing, the employment of the lancet or drugs of great power.

But it may be asked, are there not many practitioners of great eminence who deny that any such change of type has occurred? This must be admitted; and it is not many years since an ex-president of this society, ranking, in surgical practice, lecture, and authorship, as the peer of any in the land, and worthily dignified with the presidency of the International Centennial Medical Congress, read before this society a paper, avowing his conviction that no such change of type in disease had taken place. In this opinion Professor Gross is supported by many others, among them that master-mind in bedside observation, and in general diagnosis—*facile princeps*—Austin Flint, Sr. Nevertheless, nothing will be hazarded in stating that a much larger number of the closest observers will be found arrayed upon the opposite side; and to this my own experience and observation irresistibly impel me. That acute disease, thirty or forty years ago, was characterized by a higher grade of arterial excitement than at present, is among the clearer impressions of my earlier practice; and hence the distinct recollection of a stronger, more active and tense pulse, greater heat of the surface, more thirst and increased delirium, from stronger determination of blood to the brain. The gradual change from this to a more asthenic form of disease was one of the reasons for the less frequent and less copious abstraction of blood. But why should not change of type in disease be manifest, since it is patent that change in the normal condition of the human constitution has occurred since the settlement of this country. To look no further back than fifty years will suffice to establish this point. At that period a much larger proportion of the inhabitants of the United States were engaged in employments requiring muscular exertion in the open air than at present. Much of the work then done by manual labor is now performed by machinery, in factories inadequately ventilated, and often heated to a degree incompatible with comfort or health. The children of the operatives are, usually at an early age, placed in these establishments, and as the result a foundation is laid for the formation of an enfeebled rather than a robust constitution. A simple and inexpensive mode of life has, in cities and other localities, been superseded by a species of refined sensualism, and, as it were in a spirit of rivalry in display and luxurious living, the brain of the business man is but too often distracted in the effort to provide the means of maintaining his status in the circle of gayety and dissipation in which he is involved. Again, the number of persons whose pursuits are now intellectual and their habits sedentary is out of all proportion large, compared with that of an earlier period; and when to this we add the lengthened and severe course of studies prescribed to secure an education that satisfies the exigence of the present day, we can have no difficulty in comprehending that these agencies must have wrought some modification of the normal constitution, and if so, then, as a corollary, a corresponding change in disease. If what has just been said be correct, the inference is evident that the men and women of an earlier period were more muscular than those of the present day, and if more muscular, it follows, from well known physiological laws, that they must have been more sanguine in temperament, from the greater supply of blood requisite to support muscular activity, and repair waste of tissue and nerve power. The change, then, from disease of greater to a less sthenic character, is just that which might be expected, in view of the agencies alluded to, and in this change we find the principal reason for the modified system of practice now prevalent, either in regard to venesection or the use of drugs.

Other agencies, outside of the regular profession, have had some influence in proscribing bloodletting under every possible condition of the system. The Thompsonians, not from experience, but on theoretical grounds, were among the earliest and most active in opposition to the loss of blood, and excited much hostility to it in many rural sections of the country. At present the irregular practitioners, of high or low degree, with or without legislative warrant, are arrayed upon the same side. Many of them may be conscientious, but there is reason to believe that in large proportion they are actuated by no intelligent views or honest motive, but seek to promote their own sinister purposes by joining in the general denunciation of those whose opportunities for acquiring, and diligence in securing a knowledge of medical science have only served to make them objects of envy to the ignorant, indolent and confident pretender. That the legislatures of some of the States have, in a measure, supported the arrogant claim of these men to recognition as capable practitioners of medicine, and qualified to take in charge the health and lives of the people, is beyond doubt, while hitherto all efforts to remove this evil have failed. When, however, we call to mind the great influence each practitioner of medicine is capable of exerting in his professional and social relation with the families under his charge, it is not too much to hope that by a united effort, throughout the length and breadth of the land, something may be done to check the abuse of power alluded to, and that, instead of ignorant and reckless men, those only of known capacity, integrity and honor, shall be elected to the dignified and responsible position of legislating for the welfare of the people.

KOUMISS; ITS MODE OF PREPARATION AND ITS REMEDIAL VALUE.

BY WILLIAM PEPPER, M.D.,
Professor of Clinical Medicine in the University of Pennsylvania.

Despite the marked advances made of late years in our knowledge of the alimentation proper for different kinds of disease, we are constantly meeting with special conditions in which it is very difficult to find any form of food that will agree with the patient. The introduction of the exclusive milk diet, now so well established, has put into our hands a most valuable mode of treatment in a number of obstinate and intractable affections.

Not only in gastralgia and some other forms of dyspepsia, and in chronic diarrhœa, but in organic disease of the kidneys, in certain types of cardiac disease, and in some nervous affections, does the administration of milk, according to a definite method, prove an invaluable mode of treatment. In cases of malnutrition or of wasting disease, where it is desired to give more food than can be advantageously taken in a solid form, milk has been found the best addition to the diet. It will be found, however, that in certain cases of all these groups milk is not well digested. No doubt the assurance so often given to us that milk cannot be taken is, for the most part, unfounded. But I have frequently met with cases where very careful trials convinced me that the statement was literally true; and, unfortunately, in not a few instances this has happened in the very cases where I was most desirous either of using an exclusive milk diet, or of giving a considerable amount of milk to eke out the insufficient quantity of solid food that could alone be digested. In these cases I have found very great advantage in resorting to koumiss as a substitute for milk. I have also found that this new article of diet is peculiarly applicable in certain conditions where milk is not specially indicated.

Before illustrating these statements by the brief notes of a few of the many cases in which I have used koumiss with advantage, a short account of this useful food may be given. It is essentially milk in which alcoholic fermentation has been induced, and allowed to proceed to a moderate degree. In Tartary, where it has been extensively used for centuries, mare's milk is employed; while in Russia, according to Liebig, cow's milk is chiefly used in its preparation. I am satisfied that koumiss made from cow's milk is quite as good as that made from the milk of mares or of camels. It has also been supposed that some special ferment used in Tartary was more efficient than any other, but I believe that ordinary brewers' yeast answers the purpose equally well.

As koumiss will not bear transportation to any considerable distance, it is desirable that the mode of preparing it should be generally known. I have therefore requested Mr. George I. McKelway, of Philadelphia, who has supplied me with all the koumiss my patients have used, to give the formula for its preparation. He writes as follows: "The manufacture of koumiss is a very easy and simple process. I take—

℞.	Best unskimmed milk,	qt.j
	Yeast (brewers' or old bakers'),	grs.c
	Cane sugar,	grs.cc.

"Keep the mixture at a temperature of 80° Fahr. until fermentation is quite brisk, stirring it frequently, and then bottle, carefully securing the corks with strong twine or wire. After twenty-four hours it is fit for use.

"The object of the addition of the cane sugar is the certain induction of alcoholic fermentation. If the sugar be left out the result is likely to be that lactic fermentation only is set up, and the product is sour milk. The quantity of sugar used has, of course, to be judged by the richness of the milk and its consequent richness in fermentable constituents."

The koumiss thus prepared by Mr. McKelway has proved entirely satisfactory. It is a very agreeable drink, having a slightly acid taste, and containing from three to four per cent. of alcohol, one to two per cent. of lactic acid, and is highly charged with carbonic acid gas. It contains the ordinary ingredients of milk, with the exception of the lactose (sugar of milk), most of which is converted into alcohol, and lactic and carbonic acids. Koumiss is acid to litmus paper, both before and after being freed from carbonic acid. Its specific gravity is rather less than that of the milk from which it has been made (1.040 instead of 1.043). As it is important to retain its effervescing character, it should always be drawn by means of a "champagne tap." It should be used within a few days of its preparation, since after two or three days the alcohol and lactic and carbonic acids increase so as to make it less agreeable and less well adapted to most cases. It should be kept on ice, or in a very cool place, as warmth soon causes the caseine to separate into a thick, heavy curd. Koumiss may be said, then, to fairly represent the nutritive properties of good milk, while possessing, in addition, a mildly stimulating character. The carbonic acid gas with which it is highly charged acts also as a sedative to the gastric mucous membrane, and thus renders it well adapted to cases where there is much irritability of stomach.

I have used koumiss both as an exclusive diet and as an addition to an ordinary diet. In the former case the amount taken has been, at first, two or three fluid ounces every two hours; then, in the course of a couple of days, four fluid ounces every two hours; then six fluid ounces every three hours; and finally half a pint every three hours, or two quarts in the course of a day and night. This total I have rarely exceeded, though in a few instances as much as three quarts have been taken, in divided doses. Usually, by the time two quarts had been taken daily for a short time, it has proved both possible and desirable to associate with it some simple solid food. When used as an addition to an ordinary diet, I have given it to the extent of one quart daily, in doses of half a pint in the intervals between meals. Formerly the high cost of this article was a serious objection to a prolonged use of it in large quantities, but now that it can be had at the rate of one dollar for three quart bottles, this objection has been largely done away with. I see no reason, however, why koumiss should not be made according to the above receipt, by any one who finds it inconvenient to obtain it from some of the recognized manufacturers, of whom there are several in Philadelphia and New York, if not elsewhere.

I must be brief in alluding to the conditions in which I have found its use most beneficial, among which may be first mentioned, catarrhal phthisis. In this form of pulmonary disease, which, in this climate, is by far the most frequent variety of so-called consumption, the pulmonary trouble is often complicated with gastro-hepatic catarrh, either in a subacute form, or in the form of acute attacks recurring at irregular intervals. I think that all careful observers must have noticed how frequently in such cases milk disagrees, and oil cannot be taken. The difficulty of getting these patients to digest a sufficient amount of nourishing, fat-making food is, indeed, one of the most serious points in their treatment. I can confidently advise the use of koumiss in this condition. The patient can usually make three light and simple meals, and in addition half a pint of koumiss can be taken early in the morning, between breakfast and dinner, between dinner and supper, and toward bedtime. A special advantage to be here noted is, that when taken at night it not only agrees well, but exerts a mild soporific influence. It is probable that the high reputation enjoyed by koumiss as a remedy in phthisis in some distant parts of the world is due to its excellent action in many cases of the class I have alluded to.

As an illustration of another condition not rarely met with in phthisical patients, I may quote the case of T. W., aged 24, who applied to me with extensive disseminated disease in the left lung, with a glazed, moist tongue, frequent vomiting, considerable diarrhœa, marked emaciation, and abundant expectoration. He lived on koumiss exclusively for two weeks, during the latter of which he took also small doses of eriodyction as an alterative expectorant. After the first day there was no more vomiting or diarrhœa. During the third week small quantities of solid food were given, in addition to the koumiss. In the fourth week skimmed milk was substituted, and now, at the close of five weeks, he takes one and a half quarts of milk daily, besides a fair amount of solid food, all of which is thoroughly digested. He has gained five pounds in weight, and considerably in strength; cough and expectoration have diminished, and there is slight improvement in the physical signs. Fluid extract of eriodyction has been given steadily, and for the past two weeks six grains of quinia have been taken daily.

As an exclusive diet, koumiss is adapted to all those cases where we employ milk in this way with such remarkable results, but, of course, it would have no special advantage, except in those peculiar instances where milk cannot be digested. Thus I have met with several cases of cardiac disease, with marked secondary hepatic and gastric congestion, where skimmed milk could not be digested, and where it was almost impossible to find any article of food that the patient could take, in which koumiss was used with entire success. In one such case, seen in consultation with Dr. Hollingsworth Neill, the patient, who had been suffering greatly from gastric distress, aggravated by all kinds of food, received immediate relief from the use of koumiss, which was taken with great relish for a long time.

As an illustration of its value in another kind of cases, I may refer to a patient with extreme nervous exhaustion and intense anæmia, who suffered violently from pyrosis and gastralgia. While out of bed it was impossible to secure improvement. Even when complete and prolonged rest in bed was secured, with the aid of massage, general electrization and faradization, it was equally impossible to feed her sufficiently, so as to lessen the anæmia and relieve the distressing nervous symptoms. Milk was tried repeatedly, and always disagreed; its use, even in small quantities at stated intervals, caused intense distress. Iron could not be tolerated in any form; suppositories containing iron caused rectal irritation; hypodermic injections of dialysed iron (Wyeth's) caused abscesses. The internal use of the latter preparation of iron, as well as of many others, even in the smallest dose, produced suffering. In this trying condition, koumiss proved perfectly acceptable, and for a number of weeks the patient used it, first as the sole article of food, and later in addition to a very simple diet, with excellent results. Flesh was gained, strength increased, and the general nervous symptoms and the gastric distress rapidly improved.

It will immediately occur to many that koumiss must prove a very valuable remedy in diabetes mellitus, and so it does. I have had the opportunity of using it only in one such case, but here the immediate reduction in the amount of urine, almost to the normal, and the remarkable diminution in the proportion of sugar, showed conclusively its great importance as an exclusive article of diet in this affection. A diet of skimmed milk is often found of great service in relieving the symptoms in diabetes, but koumiss will probably be found much more desirable, since the sugar of milk is, for the most part, decomposed, while the carbonic acid gas acts as a grateful sedative to the irritable stomach. I think, moreover, that koumiss allays thirst better than milk does.

In the following case of simple polyuria, koumiss produced very marked and rapid results. E. S., a sailor, aged forty-three years, was admitted to the University Hospital, Dec. 20, 1877. He had had diarrhœa for three months, had lost a great deal of flesh, and was pale and weak. He complained greatly of thirst, and passed ten pints of urine daily, of low specific gravity, and containing neither albumen nor sugar. A diet of skimmed milk, with injections into the large intestine of weak solutions of nitrate of silver quickly arrested the diarrhœa, but produced no effect on the polyuria. He was then allowed a mixed diet, and dialysed iron and ergot were given him for more than two weeks, in very large doses, but only a very slight decrease in the amount of urine followed, from ten to eight and a half pints, and he continued to lose color, strength and flesh. On January 30th all medication was stopped, and he was ordered to bed. The next day he was put on an exclusive diet of koumiss, one quart being given in the course of twenty-four hours. This was continued for one week, with the following effects: He lost three and a half pounds in weight, and passed urine on the successive days as follows: January 30th, eight and a half pints; January 31st, eight and a quarter pints; February 1st, four pints, two ounces; February 2d, two pints; February 3d, one pint, ten ounces; February 4th, one pint, seven ounces; February 4th, one pint, eleven ounces.

On February 6th solid food was conjoined with the koumiss, and finding that no increase in the amount of urine occurred, the latter was discontinued, and he was allowed to eat as much as he wanted, of simple, nourishing food. His appetite was very good, and he ate freely, without the least inconvenience. His weight increased, according to the careful observations of my resident physician, Dr. Skillern, and of the head nurse, no less than twenty-one pounds in seven days. The extraordinary change in his appearance confirmed this statement, and I have no doubt of its entire accuracy. He soon felt perfectly well; there was not the least return of polyuria, and he was discharged to return to his calling.

I have thus briefly alluded to some of the conditions in which I have found koumiss of positive value. The results I have already obtained convince me that in suitable cases it will prove an important addition to our means of treatment.

HOSPITAL REPORTS.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINICAL SERVICE OF JOHN ASHHURST, JR., M. D., PROFESSOR OF CLINICAL SURGERY, MAY 11th, 1878.

Reported by JOSEPH J. BISBE, M. D.

Amputation of Thigh for Necrosis.

I desire to show you first, to-day, gentlemen, the result of treatment in the case of the boy whose left thigh I amputated five weeks ago, for necrosis of the tibia, the disease, as you may remember, having involved the whole shaft of the bone, together with the ankle and knee joints; and I take this opportunity of showing you the diseased parts, which have been beautifully prepared and mounted by Dr. Harte.

This specimen well illustrates the serious consequences which may result from a slight injury in a strumous subject.

This boy, as you may probably remember, fell from a tree, receiving a contusion of the left leg, periostitis ensuing, and this again being followed by necrosis, which, beginning at the injured spot, finally extended to both the ankle and knee-joints, which were entirely disorganized at the time of the operation. You may remember that I called your attention to the peculiar notched and "peg-top"-like appearance of the patient's teeth, which Mr. Hutchinson considers, and I think rightly, to be characteristic of hereditary syphilis; so that in this case, as in so many others of chronic bone and joint disease, we must recognize a constitutional, as well as a local, cause of the affection. The patient will leave the hospital to-day, the stump being, as you see, almost completely healed, with the cicatrix drawn well behind its extremity.

Cold Abscess Following Amputation of Leg; Treatment by Callender's Method of Hyperdistention with Carbolized Water; New Ether Inhaler.

The next patient is a man suffering with a large abscess, which I purpose opening to-day, and, as he wishes to be etherized, I will avail myself of this opportunity to try a new apparatus for the purpose, which has been sent to me by Dr. R. W. Johnson, of Baltimore, and which, he tells me, is habitually employed in the Baltimore Infirmary. The apparatus is a very simple one, consisting of a gum-elastic bag, the interior of which is lined with flannel, and a mouth-piece which is cut to fit the chin and nose. The ether is poured into the bag, and, the mouth-piece having been adjusted, the patient breathes in and out until he is under the influence of the anæsthetic. It is claimed for this apparatus that by its use the patient is more readily etherized, and with less waste of ether, than when this is given in the ordinary way. This patient, as you see, has had his leg amputated at the lower third; the flap sloughed, leaving the bone exposed, but the stump is now perfectly cicatrized. Several abscesses formed in the leg while the wound was healing, and during the last few weeks a large one has been developed above the knee, but with so little pain or constitutional disturbance that for some time I could not satisfy myself that pus was actually present. Now, fluctuation is well marked, and the abscess appears to be situated below the rectus femoris, as I can trace the position of the latter above the swelling. There is no pain when the part is touched, but motion causes great distress. I do not think that the joint is involved, but regard this as a *periarticular* abscess, which, however, if not evacuated, may at any time burst into the articulation.

Abscesses, as you know, are generally divided into the chronic or cold, and the acute varieties; and Paget has described a third form, which he calls "residual," including under this term all abscesses formed in or about the residues of former inflammations. These inflammatory products may, under various kinds of irritation, become the starting points of fresh disease, and give rise to new abscesses. In the present case the formation of pus has been so slow and insidious that this may be considered as belonging to the class of cold abscesses.

When an abscess of this sort is small, it may be opened freely, but under other circumstances, and particularly when the abscess is connected with caries of the hip or spine, it is better, I think, as a rule, to avoid opening it as long as possible. When interference is thought necessary, the surgeon may employ the aspirator, or may open the abscess by Lister's antiseptic method, though I confess that I do not think the latter possesses any special advantages. In these cases the aspirator is sometimes useful by allowing the partial evacuation of the abscess, thus dividing the shock of the operation.

To-day I am going to employ the method of "hyperdistention," recommended by Mr. Callender, of St. Bartholomew's Hospital. This consists in opening the abscess through a small incision, and, after all the pus has escaped, injecting a solution of carbolic acid (one part to thirty), so as to fully distend the cavity and insure the contact of the fluid with every part of the abscess wall, when the solution is allowed again to flow out. I do this, not with the intention of preventing the entrance of bacteria (which I do not fear as much as do the advocates of the antiseptic method), but because I believe that the carbolized water will act as a useful stimulant, just as the diluted tincture of iodine, which surgeons have long used as an injection in the treatment of these cases. The only dressing that I shall use will consist of a piece of oiled lint, covered with waxed paper, an oakum compress, and a bandage. Should suppuration continue to be profuse, I shall, in a very few days, introduce a drainage tube, or an oakum seton, after the manner recommended by Dr. Sayre, of New York, and which I have employed with great advantage in many cases.

The new ether inhaler has answered very well in this case, but we cannot speak positively of its value from a single trial.

Nerve Stretching for Traumatic Neuralgia.

The next patient I also bring before you to show the result of treatment. You remember how severely this woman suffered from traumatic neuralgia of the hand, which I treated by exposing and stretching the musculo-spiral nerve at the bend of the elbow, drawing the nerve downward and then upward, and finally lifting the arm by the nerve twice. The operation was performed three weeks ago to-day, and the result has been very satisfactory. The pain has almost disappeared, and the motion of the hand is better than it was before the operation—a point in favor of nerve stretching as opposed to nerve section. For a few days there was a good deal of pain in the line of the incision, and the patient still has occasional twinges in the hand, especially in damp weather. This may be probably accounted for by the free anastomosis which, as you know, exists between the median and radial nerves. Altogether, however, the operation has been successful, and the patient leaves the hospital to-day, very well satisfied with her condition.

Internal Hemorrhoids—Ligation with Bushe's Instruments.

The last patient that I shall show you to-day is suffering from that very common and troublesome affection, internal piles. Piles or hemorrhoids may be of the internal, the external, or the extero-internal variety. Internal piles are found within the rectum, entirely within the sphincter, and are covered with mucous membrane. The external pile is situated at the verge of the anus, outside of the sphincter, and is covered with thin integument. Extero-internal piles are covered partly with skin, and partly with mucous membrane, and are often really external piles which, becoming inflamed, get for a time within the grasp of the sphincter. When an external pile requires any treatment, it may safely be excised, there being no danger of hemorrhage. I say, when it requires any treatment, for external piles do not usually give rise to a great deal of inconvenience, though they become very painful when inflamed. Internal piles sometimes become strangulated by getting within the grasp of the sphincter, and in this way a spontaneous cure may be brought about. I have seen cases of this kind. Internal piles should never be treated by simple excision, as there is sometimes a great deal of bleeding. The clamp and cautery method, which originated with Cusack, and is now chiefly advocated by Mr. Henry Smith, of King's College, London, consists in cutting off the pile and searing its base with a hot iron. This plan is no doubt efficient in skillful hands, but I would not advise you to employ it, as it is sometimes followed by secondary hemorrhage. The variety of hemorrhoid known as the *vascular*, *granular*, or *strawberry* pile, in which there is a development of arterial capillaries, is particularly suited for the mode of treatment introduced by Houston, of Dublin, and which consists in the application of fuming nitric acid; but the mode of treatment which I prefer in cases of internal piles is ligation. If the hemorrhoid is pedunculated, the ligature may be simply tied around its neck, but otherwise, it should be transfixed, and tied in two parts. This mode of proceeding has been objected to, on account of the alleged risk of perforating a vein. But a pile is not merely a varicose hemorrhoidal vein, as is sometimes supposed, and this is, I believe, a theoretical rather than an actual danger; moreover, if bleeding should follow the transfixion, it can be readily checked by throwing an additional ligature around the whole mass.

The instruments which I employ for ligating piles are those recommended by the late Dr. Bushe, of New York. They consist of a pair of ring forceps, to grasp the hemorrhoid; a needle (eyed at the point) with a detachable handle; a clamp, to seize the needle after transfixion; and a pair of curved scissors. A double ligature, having been carried through the base of the pile, is divided, and half tied on either side, so as to strangulate thoroughly the hemorrhoid in two portions. If the pile be of the extero-internal variety, a groove should be cut in the skin before the ligature is tightened, so as to avoid the pain which would be caused by including the cutaneous nerves. If the base of the hemorrhoid be immediately within the anus, a portion may be cut away, so as to relieve the tension of the parts; but if it arises above the sphincter, it is safer to push the whole mass up and allow it to come away of itself, by sloughing. A cold water dressing should be applied after the operation, and the patient's bowels locked up for a few days with opium.

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—The *R. & L. Med. Jour.* pokes fun at the Assoc. of Am. Med. Eds. Don't!

MEDICAL SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

Bloodletting in Pneumonia, Peritonitis, Cholera, etc

At a conversational meeting, held February 13th, 1878, Dr. Henry H. Smith, President of the Society, in the Chair, a paper was read by Dr. George Hamilton, on the subject of "Inflammation, in Reference to Bloodletting," which received a vote of thanks. (See page 427.)

Dr. O. H. Allis remarked that the subject considered in the paper is one of great practical importance, and one in which every intelligent physician is interested. The success of bleeding in the first stage of pneumonia he had long been familiar with, although he had not, thus far, ever been obliged to resort to it himself. The great relief which this agent was capable of rendering in appropriate cases, was well illustrated in a case of acute orchitis recently under his care. In this case he had made a number of punctures with a fine bistoury, plunging it into the organ fifteen or twenty times; the relief from pain was immediate, and on the next day the man felt as well as ever. He did not believe that in acute inflammation, as in pneumonia, any permanent good could be obtained by dry cupping, but thought that by judicious depletion of the vessels an inflammation might be very markedly influenced.

Dr. McFerran, while agreeing with many of the sentiments of the paper, objected to the expression "a change in the type of disease," which he had heard used more than once as an argument or excuse for change of treatment of the same disease at different periods; he considered such expressions as stumbling blocks in the path of medical progress. Unless disease be regarded as an entity, it can have no form or type to change; that it is not, is manifest. If there be any change, it must be in the individual subject, and not in the result of any specific cause. And the same *materies morbi* acting now upon men similarly constituted, under like conditions, would be followed by the same manifestations of disease as in former times. The cause remaining the same, we have abundant proof that the effect can be and is modified by surrounding influences, and by conditions acting within the individual himself. No one disputes the identity of the virus of small-pox of to-day with that of any former period. And no one contends that it has changed its type or form. To-day, as a thousand years ago, it is distinct, confluent or malignant, and measures its death rate not by a change of type, but by individual peculiarities, conditions and surroundings. We vaccinate to change the condition of the individual, the thing acted upon, not the actor, not the small-pox germ.

Then, if there be no change of type in diseases having a specific cause, how is it possible to have such change in those dependent upon disturbed innervation, circulation, and function? The neglect of bloodletting at the present time must rest upon some other cause than change in disease, or even modern degeneracy. It is a poor plea for science to urge that civilization has enfeebled us, and hygiene has robbed us of our vigor; that in former times inflammations were of a sthenic form, and demanded heroic treatment, but now must be restrained by a gentler hand. There is just as much good reason for the use of the lancet now as there ever was. That the lancet may be beneficially used at times it would be presumptuous to deny; but in speaking of it, like speaking of any other remedy in the abstract, we are too apt to forget the specific purpose of its use, and to be led, by the specious arguments of a name, to ignore the real condition of the patient. The effects of the abstraction of blood involves too many questions to make any mention of them at all desirable at the present time. For, reason as we may, individual experience will fashion the faith of each; and the dicta of authority will furnish a belief only to those who have no experience of their own.

And we are forced into the belief, by the opposite results obtained by different practitioners, that there is something in the skill of those who have used the lancet, as well as in the instrument itself. If such belief be a fact, it admonishes us that the lancet is double edged; and that an agent so positive in its effects may be the source of evil as well as good.

That inflammations will subside under other means of cure as frequently as after the abstraction of blood, most physicians of the present day believe. And, in face of the assuring experience of some of the speakers, in the treatment of pneumonia by venesection, unbiassed by such influence, and left to my own judgment, I cannot conceive of any period, beyond that of congestion, wherein bloodletting would hold out the promise of relief. But facts are worth more than theory.

My experience has not been in the same direction in the treatment of inflammation of the lungs, although quite as satisfactory. In the country, during a practice extending over a period of several years, I saw a great deal of pneumonia of a sthenic form. I bled none of them; but gave small doses of antimony and morphia, and, fortunately, lost none of them. I ascribed my success to the controlling effect of morphia upon the circulation; but it might have been more the result of good fortune, and poultices to the chest which I used in every case.

And it is a remarkable fact that, with good nursing patients will do well under almost any treatment. How is it that Louis could give his patients such large doses of alcoholic stimulus, and they would get well? How is it that others are bled, and they get well? How is it that I give antimony and morphia, and they get well? Are we all right, or are we all partially wrong? It must show that it is no proof, because a patient gets well, that this or that remedy cured him. Most of us are not able to separate the *post hocs* from the *propter hocs,* and content ourselves with offering occurrences for experience, thereby making a path more obscure in our efforts to enlighten it.

Dr. Robert Burns, in response to the request from the chair to give his opinion, spoke in favor of bleeding in certain cases. He had been in active practice in the profession fifty-one years, and had an extended experience in venesection. He recalled the fact that, in 1839, an epidemic of what was called remittent fever was widely prevalent. He had found that these patients sometimes required two or three bleedings in the course of the disease. They recovered under this treatment, and could not get along without it. It should be remembered that at that time the practitioner had fewer remedies at his command than at present. They had no bromide of potassium, and the virtues of veratrum viride and chloral were not yet known. Antimony and the lancet were the dependence in acute inflammations, and undoubtedly had their value.

The treatment of some diseases at that time might be considered with interest and profit. First, they always bled freely in peritonitis. Every case of the kind in Dr. Burns' practice was treated by venesection, and at one period of ten years he had no death from this cause. Even preparatory to confinement it was considered useful to bleed two or three times, and during parturition it was frequently done. Congestions, as well as inflammations of various kinds, were submitted to the same treatment.

In the great epidemic of cholera, in 1832, bleeding did not do any good; but when it returned, in 1849, he found, to his entire satisfaction, that bleeding was of great value in the incipient stage. In a paper which he read before this Society in 1865, upon this subject, he reported ninety-six cases of cholera; he bled sixty-four, and had only five per cent. of deaths, which is as good a result as can be shown by any method of treatment. In mild cases he did not resort to bloodletting. He had never seen such an illustration of the beauty of pathological law as he had observed in the treatment of cholera by bleeding. He had been led to adopt this treatment by personal experience. After retiring in his usual health, he was seized one night with cholera in a severe form. He was racked by cramps, tenesmus and diarrhœa, his surface was cold and the skin shriveled and was fast approaching collapse, when he called for a basin and drew sixteen ounces of blood, to relieve the internal congestion. The symptoms were soon relieved, the attack rapidly passed away, and he recovered in a few days. He soon had an opportunity of further testing it. An old lady was attacked shortly afterward, with cholera, and it appeared to be a desperate case. She had shriveled hands, livid lips and nails, cold extremities, and altogether the symptoms looked so unfavorable that it seemed useless to interfere. The only chance, apparently, was in venesection, but he could not raise a vein in the arm. He finally opened where the vessel ought to be, and obtained a few drops of blood after rubbing the arm continuously. He then gave brandy and applied warmth and friction, and after half an hour's effort obtained a stream of blood, which he allowed to flow until he had taken twelve ounces. Immediate relief was experienced, arterial circulation established and the patient recovered. In a severe case of cerebro-spinal meningitis, apparently moribund, he resorted to bleeding with equal success. It was in an adult, a lady, where the vein was small and the blood flowed very slowly at first, afterward more rapidly. On the next day reaction set in, and he was tempted to bleed again—in fact, he believed that he did again bleed her a little—at all events, she got entirely well and is now living, sixteen years having passed. He had even bled in epistaxis, in severe cases. Being called to a lady who was almost depleted from this cause, he acted on the theory that there was congestion of the brain and disturbance of balance in the circulation; he took eight ounces from the arm. She did not die, but was living many years after. He had even bled in hæmoptysis. His brother was subject to these hemorrhages, and he bled him several times a year, with the best results. He recovered, and many years afterward died of dropsy, from hepatic disease, but not of consumption. He now makes use of bromide of potassium and cardiac sedatives, but still bleeds in appropriate cases. We must not be captivated and led away by prejudice in the treatment of disease, nor fall into routine, either in the use of bleeding or other remedies, but in all cases try to study the condition of the system and the state of the patient.

Dr. Charles B. Nancrede pointed out the fact that after bleeding the number of the red-blood cells are largely reduced. These elements are the oxygen carriers to the tissues, and the amount of heat produced in the organism is proportional to the quantity of oxygen consumed. Bleeding, therefore, to a certain extent, interferes with assimilation and the development of heat in the body. He did not think that secretion was directly influenced, because such action requires oxygen, but a reduction of the volume of the blood encourages endosmosis, and the absorption of serous transudations.

In pneumonia the condition is very different from a simple effusion. We find in the lung-tissue a plastic deposit, which requires the oxygenating aid of the red-blood corpuscles to carry it away. If this is imperfectly done the exudation will undergo fatty degeneration and caseation, thus permanently impairing the functions of the lung. In the first stage of pneumonia venesection or wet cups will give relief from pain, and encourage the functions of the skin, but in the second and third stages bleeding may seriously interfere with the process of repair.

Dr. Wm. T. Taylor said that when he commenced the practice of medicine it was customary to bleed in all cases of inflammation, and even of fevers. Bleeders were located all over the city, and their occupation was often quite profitable. The results of the treatment were quite as favorable in those days as now. Then it was rare to hear of death from inflammation of the lungs; but now, under the name of pneumonia, it is often fatal, and the popular opinion is that it is a very dangerous disease. If depletion, either general or local, is resorted to in the onset of the disease, hepatization of the lung is often prevented, and a speedy restoration to health follows. There is now a tendency to return to bloodletting, and he believed it was the more rational treatment of this inflammation. In cases of peritonitis he had had the best results from a free application of leeches; and in puerperal convulsions the value of venesection is generally acknowledged.

Dr. Nancrede. In congestion of the lungs there is embarrassment of the heart, because the blood cannot get through the pulmonary veins, as the lung capillaries will not pass blood loaded with carbonic acid, thus producing congestion of the right side of the heart. Bleeding acts as a stimulant, by relieving the right heart and taking off some of its load. The evil effects of free bleeding, in producing a condition of temporary anæmia, is seen in railroad accidents where there has been much hemorrhage, and their excessively slow repair. In truth, whether you bleed quickly or slowly, if you bleed to a certain extent, you will proportionately reduce the blood cells.

Dr. Wm. H. Taylor thought that nervous shock had more to do with the depressed condition of railroad cases than the loss of blood. He would testify that in former years cases recovered easier than they do now.

Dr. McFerran said that cases of anæmia following hemorrhage were very rare.

Dr. Henry H. Smith. In some amputations there is great loss of blood, and yet the patients afterward get fat and well.

Dr. Nancrede replied, that in cases of pneumonia we cannot wait for twenty years for the patient to recover, but a few days will often decide the result. If the bleeding is not performed in the first stage, it should not be used at all, for, after the stage of congestion is past the loss of blood will do the patient more harm than good.

Dr. Nancrede said, in reply to Dr. Taylor's remarks, that he, of course, considered that the condition of "shock" was excluded by the very nature of his argument. He was referring to an anæmic condition lasting for some weeks, not to a temporary condition, such as shock, which, of course, lasts, in the vast majority of cases, but a few hours, and never, probably, more than a day, if recovery occurred.

Dr. Burns did not mean to say that the bloodletting was the only agent used in the treatment of the cases mentioned. He had used Dover's powder, brandy punch, and diaphoretics, where they were needed. It should be remembered that secretion is increased by bleeding, so much so that it is available in certain cases of dropsy. The venesection, then, was not the sole treatment, but the entering wedge by which the other remedies were enabled to act, and both contributed to the success. This subject is a very interesting one, and its consideration ought to engage the minds of medical men, more especially as the popular mind has been tutored to believe that "we possess no more blood than we ought to have," not considering the pathological errors of its condition.

The President observed that one or two points had apparently been overlooked in the discussion of bloodletting. The first one is, that bloodletting is looked upon as a depressing agent, which is not always so, as he could testify from personal experience. In his youth he had an attack of inflammation of the lungs, and was bled seventy-two ounces in twenty-four hours, with great and permanent relief. He was also bled nearly every time the family physician saw him, and he believed that he was a good illustration of the fact that bleeding, properly practiced, does not reduce the blood-cells to an injurious extent (Dr. Smith has a florid, English complexion—Reporter).

Whether bleeding is a depressing agent or not will depend upon the manner of using it. When blood is freely drawn, in a large, full stream, it will produce a strong reaction, just as any other hemorrhage will, the pulse becoming more rapid and jerking; and as thus applied he would testify to the value of bleeding in congestion of the lungs, apoplexy and peritonitis, in the latter of which venesection does a great deal of good, especially in the first stage, when the capillaries are clogged by passive engorgement. Bleeding has been often referred to as a stimulant, and has been used with this view in congestion of the vessels; it has the additional advantage over other stimulants, that in zymotic diseases it will also remove some of the bacteria now generally admitted to be present. The good effects of free venesection are well known to veterinary surgeons, who yet not unfrequently employ it. His own horse lately had a severe attack of pneumonia, and all who saw the animal said it would die. There was intense congestion of one lung, and commencing hepatization of the other. Making up his mind that if the horse was to die, it would be better that he should do so *secundem artem*, he bled him freely, in fact, nearly a bucketful, and the horse was at once relieved of his panting, heaving respiration, drank freely of gruel, and recovered completely in the course of ten days, and he had driven him for the first time this morning.

At the present day the prejudice of our patients is against bleeding, and any subsequent bad symptoms are apt to be charged to it; but judgment should be exercised in recommending this remedy; the fact that Dr. Smith wished to impress was that bleeding is not always a depressing agent, but is sometimes a true stimulant, and may also be advantageously employed to relieve the blood of a great number of diseased leucoctyes and bacteria, in certain cases.

The lecturer said that the diminution of red blood globules was referred to in the paper of the evening. In cases of great danger we often have to overlook the theoretical objections as to future disadvantages, in favor of the present relief of our patients. In the cases mentioned by Dr. Burns, where venesection was of such marked benefit, we notice the presence of venous congestion, with dark, carbonized blood, and stasis of the circulation. To relieve this condition, and reëstablish the circulation of oxygenated, vitalized blood, indispensable to the action of the brain and spinal marrow, stimulants internally and externally, with, if possible, the abstraction of a portion of the carbonized and poisonous blood, must be resorted to. An extreme case of this sort was referred to by Dr. H., in a paper upon venous congestion, last year, where the life of the patient was, apparently, saved by the treatment here prescribed.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Employment of Electrolysis in Epulis.

At a meeting of the Clinical Society of London, Mr. Nunn read notes of cases of epulis treated by electrolysis. He remarked that this mode of treatment was peculiarly applicable to epulis, where ordinary operative measures are frequently more or less complicated and attended with considerable hemorrhage. The first case was that of a lady in whom a sensitive and vascular growth, the size of half a walnut, prevented the adaptation of artificial teeth. The patient declining any operation by the knife, the electrolytic treatment was carried out. There were about twenty sittings; six or three cells were used. The tendency to bleed diminished with the progress of the treatment. The pain caused by the current was in proportion to the number of cells employed; it was unbearable when bone or periosteum were touched by the needles, and it ceased immediately on their withdrawal. An injection of chloride of zinc produced intense pain and subsequent irritation. The patient was enabled to wear the artificial teeth after the treatment. Case 2 was one in which an epulis occurred in the upper jaw, after removal from the lower jaw. Electrolysis, at thirty-two sittings, caused diminution of growth sufficient to enable artificial teeth to be worn. Case 3. A lady, fifty-three years of age, under the care of Dr. McOscar, with a soft, vascular tumor growing from the alveolus of the last molar tooth, and extending over the hard palate. The electrolytic treatment was steadily pursued for eight months, and Mr. Nunn showed casts representing the progress of the case, all that now remains being a small indurated and painless mass. Mr. Nunn lastly referred to a fourth case, now under treatment at the Middlesex Hospital. He advocated electrolysis in these cases mainly on the grounds of its painlessness, ready applicability and freedom from hemorrhage. The cells employed contained manganous oxide and iron, chloride of ammonium being the exciting fluid. The electrodes should be of gilded steel or of platinum.

Early Diagnosis of Stone in the Bladder.

Mr. Trevan read a paper on this subject, before the Harveian Society of London. On the deposit of a stone in the bladder, it usually soon gave notice of its advent. The larger the stone was permitted to grow, the more trouble it gave in its removal. If treated when small, it could be dealt with satisfactorily. As to the amount of pain produced, a small oxalate of lime calculus would give rise to much pain, while a large smooth stone behind the prostate caused but little suffering. When the stone was small, there was often difficulty in micturition, from the stone plugging the urethral orifice. This was more apt to happen with boys than with men. The amount of pain produced by stone varied with the habits of life. Hunting often elicited early evidence of the presence of stone, and so had saved many a life. The blood passed with stone was by drops, at the end of the act of micturition. Changes in the urine itself were of little value diagnostically. In children, incontinence of urine was often present with calculus; here the stone passed into the prostatic portion of the urethra, and the urine trickled past its sides. Such incontinence was of great diagnostic importance. The family history and the patient's history were often of much service. Rarely more than four of the above symptoms were found together in any one case. In stone cases there was little complaint at nights, while in prostatic cases the trouble at nights was usually great. Motion aggravated the symptoms and the pain in stone cases, but did not affect stricture cases. A stiff bolster under the patient's buttocks was useful at the time of sounding. The finger in the rectum, and a short-beaked sound, were of service. It was well to stand straight before the patient and not on one side. By so doing, it was easier to bear in mind the three long prominences of the pelvis, viz., the sacrum and the tuberosities of the ischia. The President referred to the late Mr. Liston's diagnosis by asking the patient to jump down from a chair. The patient emphatically refused.

Opium vs. Coffee.

M. Richet says, in a popular article, in the *Revue des Deux Mondes*:—

Opium has its antidote; just as we can produce sleep, so, too, can we produce sleeplessness, by the employment of a mind poison, whose effects are diametrically opposite to those of the other. The antidote of opium is coffee. One hundred years ago coffee was almost unknown, but now there is hardly another beverage that is so widely distributed. Every one has it in his power to judge of the effects of coffee. For some persons it is a stimulus necessary for the performance of intellectual work. In others it produces a painful state of insomnia; taken even in weak doses it causes restlessness and anxiety, a sort of feverish activity altogether different from the indolent activity of opium. Under the action of opium the will seems to be lulled to sleep and the imagination runs riot. But, under the influence of coffee, the imagination is hardly stimulated at all, while there does appear to be excitation of the will. Did I not fear being suspected of having a theory to defend, I should say that the faculties of will and consciousness seem to be superexcited; there is, as it were, a constant strain on attention and memory, whereas, in the case of alcohol, hasheesh and opium, there is a relaxing of attention. Hence coffee produces a true intoxication that fatigues one far more than does the somnolent intoxication of opium, but it leads to the same result. In striving to do too much, the mind does less; under stimulation the will is impaired; and the perfect equilibrium of the mental faculties is disturbed as well by excess as by defect of will.

Use of Thymol as an Antiseptic.

Dr. H. Ranke, of Halle, in an article in Volkmann's *Sammlung Klinischer Vorträge*, says that thymol was first used by Paquet, of Lille, as an antiseptic in foul, suppurating sores, and (by inhalation) in pulmonary gangrene, with good effect. Experiments have shown that its poisonous power on the organism is only one-tenth that of carbolic acid, and may practically be left out of account. Dr. Ranke uses the following solution: thymol, 1 part; alcohol, 10 parts; glycerin, 20 parts; water, 1000 parts. This solution does not act on the instruments, nor the spray on the respiratory organs; it produces some burning of the skin at first, but no anæsthesia. A useful dressing is made of 1000 parts of gauze, 500 of spermaceti, 50 of resin, and 16 of thymol. This gauze remains constantly moist, and is not irritating. If the dressing be covered with gutta percha, the smell of thymol is still perceived at the end of eight days. Dr. Ranke has used the thymol dressing in fifty-nine cases, with excellent results. Among them were four cases of amputation of the breast, with clearing of the axilla, and three cases of extirpation of tumors from the breast. He says that under the action of thymol healing takes place sooner, the discharge from the wound is less, and the cost is less, than with carbolic acid. Dr. Fritsch (*Centralblatt für Gynäkologie*, No. 6) believes that thymol is also of great value in obstetric practice. It removes the smell from the hands in cases of putrid abortion, carcinoma uteri, etc., more quickly than any other agent, and produces no irritation. There must always be some hesitation in entrusting midwives with carbolic acid; but thymol may be safely given to them, without fear of unpleasant consequences. The solution above mentioned is likely to be specially useful for permanent irrigation, for the dressing of chronic suppurating exudations, for washing out abscess cavities in the female genitals and in the breast, and for injections into the uterus.

Transverse Lines on the Surface of the Nails after Disturbances of General Health.

Mr. J. Hutchinson says, in the *Medical Times and Gazette*—It has been observed that during febrile ailments and various other more or less acute derangements of health, the nutrition of the nail suffers. A record of each relapse or exacerbation, permanent during the life of the nail, is left on its surface in the form of a transverse furrow. As the age of an oyster may be reckoned by counting the ridges on its convex shell, so in these cases may the number of relapses and the relative duration of the intervals be estimated. Dr. Wilks, in his original short article on this subject (*Lancet*, January 2d, 1869, page 5), infers, from the known rate of growth of the nail being equal to two full lengths a year, that furrows on the middle of the nail indicate an illness three months before. He mentions the case of a gentleman in whom the furrow formed on the nails as the result of a very severe diarrhœa attended by much prostration. Another patient with heart disease showed the markings after the occurrence of an illness. A third showed some distinct lines on his nails a few weeks after an acute attack of chest disease, which ended in phthisis. The markings are caused, writes Dr. Wilks, "by a slight furrow, which is found more especially on the middle of the nail, and more distinct on that of the thumb. They point, no doubt, to a sudden arrest of the nutritive process during the time of the illness, and herein lies the interest of the observation." My colleague, Dr. Langdon Down, in 1870, communicated to the Pathological Society the case of a gentleman on whose finger and toe nails two distinct sets of transverse *white* lines appeared, after he had been twice much out of health from severe overwork; the symptoms were great prostration, intermittent action of the heart, and ulceration of one cornea. The nail marks cor-responded in position to the respective dates of these two attacks, which occurred within a few weeks of each other.

The Diagnosis of Abdominal Tumors.

Dr. Arthur Edis read a paper recently on this subject, and related a series of cases illustrative of the difficulty of correct diagnosis. The first was one of spurious pregnancy. The catamenia ceased; there was morning sickness, and abdominal enlargement. Then distinct movements were felt. At the spurious parturition, a medical man stayed with the patient from 10 P.M. to 7 A.M. Ultimately the labor pains disappeared. A turpentine enema brought away a quantity of flatus and fæces, and the patient reconciled herself to a barren condition. The next case was one of uterine fibroid, mistaken for pregnancy. In the third, extra-uterine pregnancy was diagnosed; but the case turned out to be one of omental cancer. In a fourth, malignant disease, with ascites, was taken for a multilocular ovarian tumor. In a fifth case, pregnancy was mistaken for an ovarian tumor; and in a sixth, the reverse of this. Dr. Edis said the diagnosis should rest mainly upon the objective data, and but little on the subjective data or the patient's statements.

The Variations of the Pulse.

M. Mosso, in a communication to the Academy of Sciences, of Paris, describes the following variations of the radial pulse:—

1. Whenever, the mind being in absolute repose, this rest is broken to perform any intellectual work, such as solving a question, or making a calculation, the tracing of the pulse is considerably modified. The type and the form of every pulsation of the forearm are completely changed; the vessels contract, the frequency of the pulsations of the heart is increased; at the same time, the volume of the brain becomes increased. The verification of this fact has been made possible in three subjects who had an accidental opening in the skull. 2. During sleep, noises, touch, the action of light—in a word, all the means by which the sensorium is excited—are followed by a profound change in the form of the pulse; and that even when, in a profound sleep, the impression is not perceived, and no memory of it is retained. 3. The local variations of the pulse, determined by the influence of heat and cold, studied independently of reflex influences or cardiac troubles, give rise to the following remarks. Dicrotism and polycrotism of the pulse should be considered as local phenomena, due to the state of elasticity of the blood vessels in all parts of the body. By increasing the pressure which supports the forearm, which is done very simply by means of this apparatus, the number of catacrotic elevations may be varied, and delay in the appearance of the dicrotism is produced, which is transported toward the end of each pulsation. The compression of the brachial artery, and the application of Esmarch's elastic ligature, produce a disturbance of nutrition of the walls of the vessels.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——The fourth part of Dr. Delafield's "Studies in Pathological Anatomy" is upon empyema and pleural inflammation. The plates are excellent, and most accurate. Single numbers 50 cents. William Wood & Co., New York.

BOOK NOTICES.

Congenital Occlusion and Dilatation of Lymph Channels. By Samuel C. Busey, M. D., etc. New York, William Wood & Co., 1878. 1 vol., cloth. 8vo, pp. 187. Price $2.00.

The general subject of diseases arising from disturbances of the lymphatic circulation has occupied Dr. Busey for several years, as readers familiar with medical periodical literature are aware. In the present volume he has collected the details of eighty-eight cases of occlusion and dilatation, of the congenital varieties. A large portion of them have already been mentioned in the *American Journal of Obstetrics*, but it was a meritorious act to gather them from scattered periodicals, and present them in one volume.

The work bears the evident impress of a very earnest study of the subject, and, as a monograph, we know of none on its topic which can compare with it. The illustrations are fifty-six in number, and carefully made. The comments on the cases manifest a careful study and comparison of their pathological features; and the suggestions for treatment, which are given at the close of the volume, have a greater value, inasmuch as so little at all satisfactory on this subject is to be found in the ordinary surgical text-books.

Dr. Busey intends to complete his study of this general subject by a second monograph on acquired diseases of the lymph channels, and by a third on lymphorrhagia, lymph fistula, and lymph scrotum. We trust the encouragement he will receive from the profession will compensate him for these valuable and laborious researches.

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THE HYGIENE OF PROFESSIONAL LIFE.

It is a serious fact that, of all the professions, that devoted to the study of prolonging life, to the preservation of health and the cure of disease, is the one whose members, on the average, have the shortest lives, and suffer, at least, their full amount of sickness.

It is easy to see the cause of this. The study of medicine is the most arduous and unwholesome of all the professions; the exposure to contagious disease carries away a number in early life; the broken rest and overwork inseparable from a successful practice break down many a one in middle life; and the effects of excessive exertion and close application are felt with increasing force as years advance, and shorten the old age that is left to him who escapes the earlier danger.

It is stated, on good authority, that the class of practitioners whose bodily health suffers least, and whose minds suffer most by their hard work, are said to be the great money-winning specialists. They have infinitely less mental strain to encounter than the leading general practitioners, but they have a monotonous round of similar cases to deal with, which is very trying to educated minds—far more mischievous to the brain than the "overtasking" of the ordinary worker. Money-winning specialties are very tempting, but they are particularly unwholesome to their professors.

Mr. Gladstone has well said that, in science, if the mind be not constantly widening its field of thought, there can be no increase of aggregate power. The tendency of division of labor is to change men into stunted and deformed human beings. If mind and body are to be healthy they must be thrown into all attitudes and exercised in all their capabilities.

It is probably true that the hard-worked country doctor, who drives his twenty to forty miles a day, year in and year out, will have better health, and live longer, and enjoy his life while it lasts more, than the specialist, who reaps quadruple the income, sitting in his easy back office. Such are the compensations of existence.

In regard to the remedies for this failure of physicians to present examples of health and longevity in their own persons, they are easy to point out and hard to follow.

Dr. Proust well says, in his late work on hygienics:—

"The hygienics of the liberal professions may be summed up in the one word, *moderation*—moderation in work, moderation in alimentation, and moderation in anything. Can this state be realized? It cannot. Many of us are condemned, by the force of circumstances, to a mode of life which is destructive to health; to point out the proper course to persons so placed is bitter mockery, when everything conspires to prevent their following it. It is, nevertheless, our duty, as hygienists, to state the object to be attained, and the means of attaining it."

What is needed for recuperation is diversity, change of scene, of action, of impressions. The same kind of holiday is not suitable for all. Hard-working country doctors will often wisely seek change and refreshment in visiting towns—in seeing, for example, the buildings, galleries, museums, and other sights of the great city; while, on the other hand, the hard-working town doctor will incline to take a month in the mountains or by the sea, or, at all events, far away from the din and bustle of cities. It is of great advantage to the latter class to import into their daily routine as much as possible of the wholesome diversities of the country practitioner's life; and when he cannot obtain these diversities within the profession, let him seek them in extra-professional scientific and intellectual pursuits. Hardly anything is so desirable as some extra-professional "hobby," be it collecting coins, studying art, botanizing, or a touch of the "ceramical craze," which is now the prevailing epidemic. Any of these diverts and rests the mind, and gives other channels for the nervous action to work in. Of them all, however, the most favorable is the pursuit of some branch of natural science, which leads the thoughts and the body to the woods and fields, to the fresh air and the open skies.

NOTES AND COMMENTS.

Dangers from Horseback Exercise.

Dr. Montzel, in the *Annales Medico-Psychologiques*, gives a description of the so-called "malady of the Scythians," a race who may be said to live on horseback.

The essential features of this disease are loss of virility at an early age, and an alteration in the skin of the face and body. The features resemble those of a woman, while the whole habits of life are changed, gradually approximating those of the opposite sex. The skin becomes wrinkled, the beard disappears, the body loses greatly in strength, and the patient often assumes the costume of a woman. The men among whom these patients are found spend a great part of their lives on horseback, and most authors agree in regarding this as the chief cause of the disease, giving rise to spermatorrhœa and habits of masturbation.

In this country, we have known young men who had to avoid horseback exercise, on account of its inducing in them the same results.

Poisonous Salicylic Acid.

A British exchange thinks that an explanation of the ill-effects induced occasionally by salicylic acid probably lies in the difference between the natural acid and the product produced artificially. It is a fair assumption that the latter is not always devoid of carbolic acid, which would account for many of the distressing gastric and head symptoms that have been observed in patients who had been taking the drug for some time. A "Note on Salicylic Acid," read by Mr. J. Williams, F. C. S., at a recent meeting of the London Pharmaceutical Society, states that his experiments have convinced him that the artificial acid as supplied in commerce is really made up of two bodies having very different properties.

Malformation of the Skull in Epileptics.

A writer in the *Annales Psycologiques* states that want of symmetry is nearly always present in the skulls of epileptics. When in the base of the skull it is revealed by a similar condition of the bones of the face, and this condition may easily be detected. In the true epileptic, it consists of a projection of one of the halves of the frontal, generally the right. As a rule, it occupies a position over the eye, but may be found more posteriorly, reaching to the fronto-parietal suture. This projection may be detected by sight and touch, and other deformities may then be looked for. These are found in the orbit, the malar bones, and the palate. The soft parts may participate in the deformity, the eyebrows and lips being altered in position, or the folds of the skin more marked on one side than the other.

Forcible Extension of Nerves in the Treatment of Nervous Affections.

M. A. Blum, in a memoir on this subject, states—First. That forcible extension is indicated in neuralgiæ that resist therapeutic measures and are clearly confined to the nervous system. Second. It ought to be resorted to at an early period, when the adjoining nerves appear to be attacked. Third. Neuralgiæ of traumatic origin are particularly amenable to this method of treatment, especially when it is probable that cicatricial adhesions have taken place between the nerve and adjoining parts. Fourth. In neuralgiæ affecting stumps the extension should always be practiced at some distance from the cicatrix of the amputation.

Carbolate of Chalk in Favus.

The *Archives of Dermatology* states that Dr. Sawicki uses a paste of pulverized chalk or gypsum, containing, 5–10 per cent. of carbolic acid. This is applied all over the head after cutting the hair short. On the third day the dressing is removed, the head washed with soft soap and water, and the paste reapplied. A little oil may be added, to render the dressing more pliable. It is said to effect a cure after three or four applications.

Bichromate of Potash in Syphilis.

In the *Annales de Ciencias Medicas*, for April, Dr. Carlos Vincente Charpantier gives a series of cases illustrating the value of bichromate of potash in secondary and tertiary lesions. Though not altogether new, this treatment is not much known, and yet, from these observations, well deserves to be. The dose is one-fourth of a grain, doubled every three or four days to two or three grains. During the treatment, all alkaline substances are prohibited, as liable to neutralize the chromic acid, which is the active agent. From some experiments on himself, Dr. C. finds the bichromate to lower both pulse and temperature in a marked degree.

CORRESPONDENCE.

FOREIGN CORRESPONDENCE.

The London Medical Societies.

London, May 6th, 1878.

Ed. Med. and Surg. Reporter :—

The most active medical societies of London are the Pathological, of which Dr. Murchison is president, the Clinical, with Mr. Callender as presiding officer, and the Royal Medical and Chirurgical Society, of which Dr. West is president. These, as well as some others, hold their meetings in a finely-adapted hall in Berners street. The meetings of the Pathological have been of great interest of late, because three successive meetings have been devoted to the discussion of diseases of the lymphatic system ; the specimens had, therefore, a direct bearing on the elucidation of lymphadenoma and leukemia. The discussion was opened by Dr. Wilks, of Guy's Hospital, who showed the original specimens from which Hodgkin originally described the former affection. He was followed by Dr. Greenfield, who showed several specimens of the disease in question, and asserted that the typical Hodgkin's disease was at first essentially local, consisting in an irritative overgrowth of some normal lymphatic gland tissue, which became infective, and spread to the other lymphatic glands and to the spleen ; and that the growths, the peculiar anæmia and cachexia, and the rise in temperature, occurring at a certain period of the disease, were the essential factors. During the three evenings there were many cases of lymphadenoma, leukemia, and essential anæmia reported, and the subject viewed in many ways, by such men as Murchison, Sir William Gull and Mr. Hutchinson. The report of these discussions should make the next volume of the Pathological Society's Transactions of greater value than ever, for it is in this debatable region that thinking men are now anxiously working. I was especially struck with the elaborate preparation made for the meetings, which contrasted so strongly with our own Pathological meetings, where we so often see a mass of specimens which are accompanied by no ante-mortem history, and of which we know little until the Committee on Morbid Growths reports, two weeks later. Here it is very different. As soon as I entered the anteroom, I found a table on which were about two dozen microscopes exhibiting sections of the specimens to be presented during the evening. Again, while the papers were being read, we had microscopical drawings passed to us to examine, as the reader reported what he found by personal inspection of the growth. I, at once, thought to myself, "Here is the cause of the reputation of the London Pathological Society's Transactions ; this is the reason the older men do not desert the meetings. If one is sure of hearing histories of the specimens, and, at the same time, is able to see the sections under the microscope, and make his own deductions, he feels that he will be repaid for an evening spent in the hall of the Society." The grouping together of cognate subjects for each meeting, as has been so widely done by our own committee, is also a most excellent provision.

The Clinical Society seems to cover a field rather different from any of our Philadelphia societies, and to me it was one of the most interesting and instructive. The papers which relate to clinical medicine and surgery are limited in length to ten minutes, which insures the discussion of a number of cases every evening, though it unfortunately requires many papers to be hurried over in a very unsatisfactory manner. The character of the papers will be better appreciated if I give you the titles of a few recently read: "Removal of a Chip of Iron from the Crystalline Lens by a Powerful Magnet;" "Cases of Retinitis Hæmorrhagica in Connection with Gout;" "Cases of Pleural Effusions;" "Electrolytic Treatment of Epulis;" "Bilateral Paralysis of Crico-arytenoidei Postici Muscles;" "Plantar Bunion." At a subsequent period the following were to be presented: "Ovariotomy in a Child Aged Twelve Years;" "Wound of an Abnormal Obturator Artery, in an Operation for Femoral Hernia." The short practical paper of this kind is what the busy practitioner desires. May we soon have in our own city a surgical society or a clinical society which will fill this position in the eyes of the profession.

Speaking of the Clinical Society suggests a case which I saw at one of its meetings. It was an instance of psoriasis, which had existed, to a greater or less extent, for twelve years. The man had been treated by Mr. Hutchinson, experimentally, with chrysophanic acid, in the following way: The disease affected the trunk and arms especially, it would seem, and the patient was accordingly ordered to use tar ointment on the back and left arm, while he was to apply a preparation of chrysophanic acid to the chest and right arm. When he was presented to the members of the Society, after three weeks' employment of the drugs in question, his left arm and back showed numerous red and scaly patches of typical psoriasis, while the opposite regions were exceedingly soft and smooth, though evidently not entirely freed from the affection. It was certainly a very good demonstration of the use and effect of this new remedy of the dermatologist.

The Royal Medical and Chirurgical Society is another well known society of London, and is well attended. The papers are read by the secretaries and not by the authors themselves, which, to my mind, is very objectionable. No author would care to have a well-prepared paper read in a bungling manner by one who, on account of bad eyes or poor light, comes to a dead halt at frequent intervals. I heard an interesting article, by Mr. Jonathan Hutchinson, on what he proposes to call Ophthalmoplegia Interna, because the symptoms of the disease are palsy of the iris and ciliary muscles, without involvement of any of the external ocular muscles. The constrictor and dilator fibres of the iris are both paralyzed, and the pupil consequently remains unaltered, the patient has no power of accommodation, and requires convex lenses to enable him to read, while the muscles which rotate the globe, and the elevator of the lid retain their functions intact. This group of symptoms, Mr. H. believes to depend on disease —probably, as a rule, syphilitic—of the ciliary ganglion, which, as you know, has a sensory root from the fifth nerve, and motor roots from the third cerebral and from the vaso-motor nerves. He reported eight cases in which he believed this to be the cause of the palsy, though no post-mortem record was possible in the cases, as the disease is not fatal. The palsy of the iris usually preceded that of accommodation, and was greater than the latter. The treatment adopted was anti-syphilitic in character. It is necessary, before coming to a diagnosis of disease of the ciliary ganglion, to assert that the paralytic condition does not extend to the external ocular muscles, for then the cause must be behind the point mentioned. On the same evening the minute anatomy of the kidney was warmly discussed by Dr. Southey and Dr. Johnson.

In addition to these three most prominent societies there are numerous others, such as the Obstetrical, Medical, Microscopical, Epidemiological, Harveian, and Hunterian societies, which do good work in their respective fields. The London medical men are hard workers, and by recording their cases, do much toward advancing medical knowledge. There seems to be plenty of material always ready for the meetings of these innumerable societies, and, indeed, not infrequently papers announced have to be postponed, on account of being crowded out by the discussion of previous papers, which have excited unexpected interest and debate. The President of the Clinical Society informed me that they had on the list far more papers than could possibly be read during the present season; and, from the subjects and authors of these articles, I know the material was of no mean character. Trusting that this short sketch of the London societies may interest your readers, I remain,

Yours, etc., JOHN B. ROBERTS, M.D.

The Health Lift.

ED. MED. AND SURG. REPORTER:—

Will you permit a few comments upon the recent paper of Dr. Benjamin Lee, upon the Health Lift, and the discussion thereupon, published in your journal? I do not ask it in the interest of any particular machine, or of anything, save the truth. Having given twelve years to the practice and investigation of this system of exercise, and carefully noted the effects in about two thousand cases which have come under my observation, I may be able to present some facts which would naturally fail to appear to those whose investigations have been less extensive and thorough.

First. Dr. Lee, after quoting from a single authority, nearly two hundred years old, upon the subject of exercise in general, and one or two modern authorities upon the time required to obtain sufficient exercise by the single method of walking, objects to the claim made for the Health Lift—that "it accomplishes a *maximum* of exercise in a *minimun* of time"—that this claim is "in direct contravention of the first fundamental law of exercise." In order to stand securely upon this objection, however, the Doctor should have shown, first, that lifting, as an exercise, had been carefully investigated, and its effects determined by the authorities whom he quotes; and, second, that the requirement of variety and of considerable time was laid down by these authorities, after such investigation, as a universal or "fundamental" law, applicable to all kinds of exercise; both of which he has failed to do. I do not even learn, from the reading of this paper, that the Doctor has made systematic lifting the object of his own careful investigation for any considerable length of time. The observation of single instances, as in the lifting of buckets of water, is certainly an insufficient and untrustworthy source of information, upon which to build a just criticism of the effects of this exercise.

To the question, "Does the Health Lift furnish a general and complete exercise—a *maximum* of exercise in a *minimum* of time? permit me to present, in answer, the testimony of physicians whom all your readers will recognize as able and competent to express an intelligent judgment.

[The writer here quotes favorable opinions from Dr. Oliver Wendell Holmes, Dr. Freeman J. Bumstead, Dr. Henry D. Noyes, Dr. Austin Flint, Jr., Dr. David Wooster, Dr. E. H. Dixon and Dr. John H. Packard.]

The objection that certain muscles "perform only a passive and subordinate part" is not well taken, since the effect most certainly is the compression of *all* the arteries and veins, through the tension and pressure of the muscles, the first result being an increase of capillary circulation, which causes a flush all over the surface of the body, similar to that observed in the face, as has been proven by repeated observations; and the secondary result, during the complete rest and relaxation of the muscles which should follow each successive lift, is an impetus to the circulation throughout the viscera and muscles, which tends to relieve congestions and torpid conditions, to promote a healthy action of the lungs, stomach, bowels and kidneys, clearing the brain and giving a healthful and agreeable stimulus to the nerves throughout every part of the frame.

2d. To Dr. Lee's supposition that this exercise would result in an enormous development of a few muscles, the gastrocnemius, rectus, biceps extensor, and erectors of the spine, at the expense of other parts, it may be replied that such has never been the effect. In an experience of about twelve years' almost daily practice, the result in my own case has been the gradual toning up of the whole muscular system, giving me a firm, but not hard, and very evenly developed muscle, the proportion of which is far more symmetrical than it was a dozen years ago, and my health has been better than ever before in my life. I have taken no other exercise except a moderate amount of walking. In observing many who have practiced this exercise, I have never seen a case of the development of hard or large surface muscles, like that produced by gymnastic exercises.

3d. It may be asked, "What is the reason that a single movement of the body, in one posture, in the act of lifting graduated weights, should produce this uniform and not excessive muscular development?" The philosophy of the matter seems entirely simple and easily comprehensible. There is no mystery or miracle about it whatever.

The hard, muscular development of the professional acrobat or gymnast, which is universally condemned by physiologists, from the time of Hieronymus to the present day, *is the result of frequent repetitions of the same action, or movement, upon certain sets of muscles, while held in a state of tension, without intervening periods of rest and relaxation.* Any kind of exercise which long involves this process will inevitably result in the abnormal development of muscular size and hardness, at the expense of vital exhaustion, with its consequent train of evils.

Even the Health Lift, used in this way, would undoubtedly be productive of evil results; though presumably less evil than those of a more local and less complete and general exercise. In the proper use of the Health Lift, however, no more than from four to eight lifts daily are permitted, with gradual increments of weight, which is never sufficiently heavy to produce strain or exhaustion; and these lifts should intermit with sufficient periods—say from three to ten minutes—of complete rest and muscular relaxation.

By this means a uniform and thorough stimulus is given to the circulation in every part of the frame, which carries with it vital nourishment and consequent harmonious development and invigoration. After such an exercise, properly adapted to the strength and condition of the person exercising, the pulse is always full, regular, moderate and healthful; whereas the result of rapid movements, without intermitting rest, even with light weights, or without the use of apparatus, is to quicken and weaken the heart's action. The respiration is fuller, deeper and more natural; a restful and agreeable feeling is induced in brain and body, and the Health Lift, judiciously taken, leaves one better prepared for any exertion, mental or physical, which he may be called upon to undertake. LEWIS G. JAMES.

New York City.

News and Miscellany.

Personal.

—Dr. Thomas Johnson, an Iowa pioneer, and long one of its most prominent citizens, has just died at Cromwell, in that State, aged 98 years. He was born in Huntingdon county, in this State, in 1780, and graduated at the Pennsylvania Medical College, Philadelphia, in 1802. He was probably the oldest Free Mason in the State, having joined the order in 1823. He was also an Odd Fellow, having joined the order in 1838, in Norwalk, Ohio, and had been a member of the Grand Lodge and Grand Encampment of Ohio and Iowa.

—Dr. J. C. Cook, of Columbus, Ga., was shot and killed, at his residence, lately, by his brother-in-law, Charles Martin. Martin claims that it was done in self-defence and at once surrendered himself, but is allowed his liberty.

—Dr. Horatio R. Storer, has resumed consulting practice at Newport, Rhode Island, and is making his influence felt in improving the sanitary condition of that favorite summer resort.

—Dr. S. Stebbins, of Unionville, Pa., has been giving some hard knocks to that arrant humbuggery, Spiritualism, in letters to *The Truth Seeker*.

—Dr. Felix Rouband, of Paris, founder of *La France Medicale*, one of the leading medical journals of Paris, died this Spring. He was more of a politician and writer than a practitioner.

—Donné, the well-known Parisian microscopist, died in April.

Items.

—The Michigan State Medical Society met at Lansing, May 15th. Issue was fairly joined on the resolution that the graduates of the Ann Arbor University, since part of the faculty have been constituted of homœopathists, should not be admitted to the membership of the State Society. What is called the Liberal party defeated the proposed amendment by a vote of 62 to 41, and also proceeded to elect members of the Board of Censors who would carry out the views of the majority in considering applications for membership. The indications now are that the matter will come before the American Medical Association, on appeal, and that the Michigan Society will there be accused for permitting its members to improperly treat with homœopathy.

—The Baltimore Medico-Chirurgical Society has just passed a vote of censure on one of its members who advertised a remarkable cure he had effected, with the admonition that he will be expelled if he repeats the offence.

—The American Association of the Medical Superintendents of Hospitals for the Insane held their thirty-third Annual Session in Washington, the third week in May.

QUERIES AND REPLIES.

Dr. W. M. D.—The list of medical officers in the U. S. Indian service is not contained in any of the directories referred to.

Reporter Q.—Your burlesque newspaper report of an operation is good, and will, we hope, hit the mark.

Inq. Sub.—"*Query.* Three physicians make a post-mortem examination. Is it professional for one of them to receive the money and retain one-half, and divide the remaining one-half equally between the other two?"

Ans.—We should say not. Probably, however, that physician made the crucial incision at the beginning of the post-mortem; and on that ground would justify himself for this excruciating division at its close.

L. R. M.—The price of Napheys' "Physical Life of Woman" is $2.00. We can mail it to you for that sum.

Many Subs.—"Is it in violation of the Code of Ethics for a physician to print on his cards, after his name, his specialty, or preferred department of practice?"

Ans.—It is not in violation of the Code. But in this city, at least, it is disapproved of by the best men in the profession.

OBITUARY.

DR. CARL HERMANN BERENDT.

With sincere regret we announce the death of this eminent scientific traveler. It took place April 12th, in the city of Guatemala, in consequence of a disease of the kidneys.

Dr. Berendt was a native of Prussia, where he received his medical education. The greater part of his professional life was passed in Southern Mexico and Central America, principally at Tabasco, where he was located in practice a number of years. Becoming deeply interested in the ethnology of the natives of tropical North America, he gave up his practice in order to travel among the Indian tribes, and learn their languages, traditions, and habits. He left behind him a dictionary of the Maya tongue, a work of immense labor, and various other manuscripts, which, we believe, are in charge of the Smithsonian Institution.

MARRIAGES.

Burrell—Swope.—On Wednesday, May 8th, at the residence of the bride's parents, Gettysburg, Pa., by the Rev. H. C. Phillips, James L. A. Burrell, M.D., of Salona, Pa., and Maggie S. Swope, daughter of Dr. J. A. Swope.

Oliphant—Allen.—On the 8th inst., at Bridgeport, N. J., by the Rev. E. Green, Eugene T. Oliphant, M.D., and Miss Sallie K. Allen, both of Bridgeport, N. J.

Pancoast—Robb.—In New York, at Trinity Chapel, on the 15th instant, by the Rev. Morgan Dix, D.D., Dr. Wm. H. Pancoast, of Philadelphia, and Matilda, daughter of James Robb, Esq.

DEATHS.

Brumley.—At Wilmington, N. C., on the 16th instant, Phebe, wife of Dr. J. D. Brumley, of Newark, N. J., and daughter of the late Hon. Daniel D. Tompkins, of Stony Point, N. Y.

Lehmann.—At Leon Springs, Texas, Henrietta, wife of Dr I. Lehman, and eldest daughter of Samuel and Maria Kaiser, in her twenty-fifth year.

McCallmont.—In Philadelphia, on the 8th instant, Dr. Henry McCallmont, aged seventy years.

Miller.—Suddenly, in Boston, on Thursday, May 15th, Chas. N. Miller, M.D.

Shackleton.—In Auburn, Cal., after a lingering illness, Mrs. Uretta Q. Shackleton, wife of Dr. E. L. Shackleton, late of St. Mary's, O.

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DR. I. C. BARLOTT."

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WHOLE No. 1110.] JUNE 8, 1878. [VOL. XXXVIII, No. 23.

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THE
MEDICAL AND SURGICAL REPORTER.

No. 1110.] PHILADELPHIA, JUNE 8, 1878. [Vol. XXXVIII.—No. 23.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A PLEA FOR AN AMERICAN MEDICAL LIBRARY.

BY FREDERICK HORNER, M.D.,
Of Alexandria, Va.

In an able address before the late International Medical Congress, in Philadelphia, Surgeon I. I. Woodward, United States Army, says: "At the time the late civil war broke out nothing deserving the name of a medical library existed in Washington; and the incipient medical libraries in such great medical centres as Philadelphia, New York and Boston, were deficient in the class of books which were most frequently needed for consultation." There was no hope for supplying this want unless the Surgeon-General's office should undertake to accumulate a library. It was clear, also, that by a small additional expenditure beyond what would have been necessary to create such a library as would be thoroughly efficient for the merely practical purposes of the Army Medical Bureau, a national medical library might be created which would meet a want long felt by every medical man in America who has ventured in the domain of original research. Subsequently, not long after the close of the war, the first appropriation of money was made by Congress to found the library of the Surgeon-General's office, amounting, for two or three years, annually, to ten thousand dollars, which has since been reduced to five thousand. This library, which is in charge of Dr. Billings, U. S. A., is now essentially the medical section of the Library of Congress. It is thrown open to all medical men who choose to use it, and is very useful to students who desire to avail themselves of it in connection with medical researches of any kind. It supplies us with works, especially the older American books and journals, which could not otherwise be obtained, and is invaluable to original investigators who consult it in connection with their own work, and thus may become useful to the whole profession. Surgeon Woodward concludes with an earnest invitation to his medical brethren to coöperate in this effort to ensure the completion of this library.

Among the officers of the Medical Society of the District of Columbia, founded in 1817, is included a librarian. In 1818, Dr. Richard Weightman was first appointed to fill this office, and in 1835, Dr. Thomas Miller. Drs. J. M. Toner, and William Lee have manifested considerable interest in this subject, as members of the American Medical Association, and it may be assumed that we have now in the metropolis of the country the germs for the foundation of a National Medical Library, receiving annually valuable contributions from sources at home and abroad, in the departments of surgical, medical and pathological science. The surprise is natural that the representatives of a learned profession should have delayed so long—more than a century—in establishing such a library. We need a safe depository for the invaluable writings of the fathers of American medicine and surgery—of Rush, Warren, Drake, Dewees, Mott, and Dudley; and of the glorious galaxy of living men—Gross, now the Nestor of the profession; of Wood, Flint, Sims and Sayre; Ruschenberger, whose books on botany, conchology and outlines of anatomy and physiology, for the use of public schools, have contributed to enlighten the minds of our youth on subjects hitherto confined to the learned expert; of Bowditch, Snow and Baker, whose productions cover the entire ground of preventive medicine, and are invaluable as reference, to the legislators of the country; of Woodward and Otis, the single energies of whom have founded for us one of the finest army medical museums in the world. Within this list, deserving of preservation, may also be included the records of the Proceedings of the American Medical Association, and of State Medical Societies, abounding annually in valuable contributions, the fruits of the labors of the most talented and learned men of the profession. The editors of the medical periodicals, and the faculties of the colleges and universities usually the recipients of gratuitous gifts of home and foreign publications, might help forward such an undertaking. There are many who compose the great army of the profession in this country who, with a library of the kind, will be encouraged to contribute from their abundance and wealth to the wants of the student whose fortune is limited.

A hall for statuary and a gallery for portraits of eminent members of the profession should be embraced in the plan of an American Medical Library. The pilgrim abroad, in Paris, for example, pauses with admiration and pride in the vestibule of Hotel Dieu, to study the lineaments of Bichat, Louis, Dupeytren and Velpeau, and in the Royal College of Physicians and Surgeons, London, to regard the princely features of Sir Astley Cooper, Charles Bell and John Hunter. The foreigner will come to our own shores with like expectations on arriving at Washington City. In such a gallery should be grouped the portraits and statues, particularly, of the Presidents of the American Medical Association, and of men, contributors to science, and by whose counsel, courage and wisdom the horrors of war, pestilence and vice have been mitigated. A hall, also, might be appropriated for the use of the public medical lecturer.

An eloquent writer has rightly declared "that he who builds a hospital for the relief of human woe lives for ages after the heart which prompted the deed has ceased to beat, and he who builds a college, or founds a library for the diffusion of knowledge and piety among the people, long after the hand which reared it has turned to dust, is deemed by the wise and good greater than the glory of 'him that taketh a city.'"

A CASE OF UMBILICAL HERNIA.

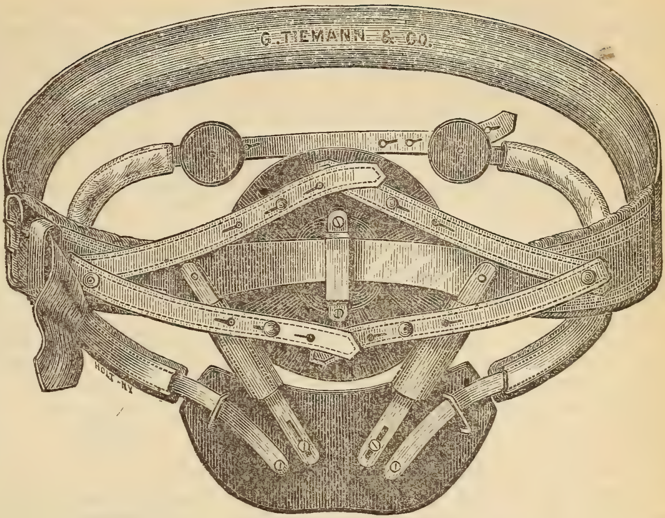
BY B. M. WALKER, M.D.,
Of Danville, Va.

I was called to see Mrs. G. in February last. I was told by her husband, who came for me, that she was suffering from an "enlargement in her abdomen; that sometimes she was better, and then, from no apparent cause, she would get rapidly worse." From his attempts at description I suspected hernia in some form.

Upon examination of the patient, I found her to be a very large, fleshy woman, weighing two hundred and twenty pounds; abdomen pendulous, and the walls well stored with adipose tissue. Protruding from the umbilical ring was a hard, strangulated mass. Certain rational symptoms clearly indicated the existence of intestine in the imprisoned substance. After careful taxis under partial anæsthesia, I found the stricture exceedingly unyielding. Having to deal with so much fat in the adjacent structures that it seriously impaired my efforts at taxis, I expressed the doubt to her husband and herself, as to the efficiency of any means of relief short of an operation, which I feared I would have to perform. This she strenuously objected to, saying, "she was going to die any way," urging me to relieve her again by anæsthesia.

Bringing my patient quite under the influence of chloroform the second time, preceded by a hypodermic injection of morphia, and appyling ice and ether locally to the tumor, by prolonged and careful efforts the hernia was reduced, *i.e.*, the intestine was liberated; but I found, then, a small, adherent substance attached to one side of the ring. The patient's bowels were soon relieved, and in the course of twelve hours sufficient evidence of thorough evacuation of the whole alimentary canal had occurred. This satisfied me of the nature of the remaining substance of the tumor. Considerable tenderness supervened; and a fever heat to 104.5° Fahr., for forty-eight hours, was treated by cool applications over the abdomen, and fluid extract of gelseminum, as circumstances demanded.

Upon the restoration to health, I found the



enlargement at the ring gradually decreasing. I used iodine liniment, and kept up a soluble state of the bowels. At the expiration of two weeks the tumor had entirely disappeared, leaving a larger opening than before its removal. Through this umbilical outlet masses of intestine and omentum not unfrequently protruded, despite the efforts at restraint made by the temporary dressings and instruments used. The patient was cautioned (and I think needlessly so, for her recent sufferings were vividly before her). She affirmed that the weight of her abdomen, when standing, would displace any appliance to the umbilical ring. All efforts to restrict the protrusion prevailed but a short time.

Seeing that an abdominal supporter was indispensable in the management of the case (an operation for radical cure being opposed as persistently as was that suggested for relief of the stricture), I found that her protection must be instrumental. I could not adjust both supporter and truss (each of which were urgently demanded) without strangulating, as it were, large masses and folds of the abdominal walls intervening between the upper border of the supporter and the lower margin of the truss. Nor would this difficulty have been obviated had I had a larger, or rather higher, supporter, as the motions of the body would have permitted the displacement of one or the other of the instruments, from the integument gradually insinuating itself between, and eventually becoming a source of pain and discomfort, or else displacing the protectors.

Under these circumstances the genius of invention was appealed to. As my memory had failed to suggest any remedy in the various instruments devised heretofore for similar situations, I drew a diagram for a combination truss and abdominal supporter, which I sent to that most excellent house of George Tiemann & Co., New York. In a few days they sent the instrument, perfect in every particular. I lost no time in adjusting it for my anxious patient, who has been wearing it with infinite delight and absolute safety, for three months. Messrs. Tiemann & Co. were so delighted with the invention, as they call it, that they have had an electrotype taken of it and forwarded to me. I have sent it to you, with this article.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF JOHN H. BRINTON, M.D., MAY 22D, 1878.

REPORTED BY W. S. HOY, STUDENT OF MEDICINE.

GENTLEMEN:—The first case to which I will direct your attention is one showing the result of a comparatively trifling operation; at the same time it is one which, I think, deserves our serious consideration.

Phymosis.

This little boy, between three and four years old, was operated upon by me, before you, some six weeks ago. I performed, at the time, the operation of circumcision, carefully trimming off the mucous membrane of the prepuce around the corona and down to the frænum. The case at first did well, but after a few days the edges of the wound, and the thickness of the preputial fold became infiltrated with lymph, the elasticity and movement of the tissues were lost, the new prepuce gradually contracted on the gland, the preputial orifice became smaller and smaller, and it really seemed as if the condition of phymosis had returned as badly as before, and as if the previous operation had failed. All that was necessary, however, for me to do, two weeks ago, was to slit up the prepuce over the dorsum of the glans with a pair of scissors. Here you see the result; the wound has healed, the prepuce is soft and easily slid forward or retracted; in fact, the operation is a success.

My object in bringing this case before you this morning, was to draw your attention to the occasional development of a sort of unhealthy deposit of lymph, after operations for phymosis, in children of a scrofulous or otherwise impaired constitution. I have had this to happen once or twice in my own practice, and I know at the time it worried me greatly. I have seen the same abnormal glueing together of the preputial tissues occur after operations at the hands of other surgeons, when the greatest care had been practiced at the time of operation. Why it should so happen I cannot tell, but it does sometimes take place, and you ought to know how to deal with it. Do this; split up the prepuce, and if you have performed at the first operation a satisfactory circumcision, you will usually have but little further trouble.

Now let me say a few words with regard to phymosis in young boys. Some years since, my friend, Dr. Packard, examined a large number of boys at the Philadelphia Hospital, nearly one hundred, I believe, between the ages of one week and ten or twelve years. Out of 98 cases, in 93 the gland was completely covered; in 4 uncovered, and partially covered in 1. Of the 93 covered cases, in 36 the prepuce was entirely retractable, in 3 partly retractable, and in 54 entirely non-retractable. Such are his statistics, published in the *American Journal of the Medical Sciences*, for October, 1870.

You will thus see that in earliest infancy nearly all boys have phymosis. The question naturally arises, how long does this condition last? In what proportion of cases does it cease to exist? What are its injurious consequences, if any, in early childhood, and when should operation for its relief be practiced? In a general way I would thus answer these queries: Taking one hundred cases as a standard, in about one-third of the number the prepuce remains long, covering the gland during life; usually retractable when not inflamed or diseased, but in a comparatively small number of cases non-retractable. In those cases, when the gland in adult life is comparatively exposed, the retraction of the prepuce commences, I think, generally between the seventh and tenth year, and becomes complete at the period of puberty. It certainly is a matter of every-day observation, that the projecting snout of the prepuce so frequent in very young boys gradually becomes less and less, and entirely disappears. The boy, in his early years, possesses an undoubted phymosis, but at the same time one which causes him no trouble. Sometimes, however, it does cause him trouble and irritation. Thus I have found difficulty of urination occur from a pronounced phymosis; sometimes, too, the apparent symptoms of calculus. So, also, the urine has, at times, dilated the preputial bag behind the orifice, and inflammation and suppuration have been set up. Then, too, a boy with phymosis, suffering irritation from collections of smegma or other causes, may pull at the prepuce, finger himself, and thus fall into bad habits.

When shall we operate, is the next question? When any of the consequences I have alluded to have been developed or are threatened. If the orifice of the prepuce is not very tight, you may simply split up the prepuce over the dorsum, but usually, especially if there is any redundancy of prepuce, forming the snout I have spoken of, it is better at once to perform a true circumcision, as I have here often shown you. It is a neater, cleaner operation, rounds off well, avoids all pendulous tabs of skin, and saves both surgeon and patient much trouble. I may add that, as far as my observation goes, the result of operation, either by incision or circumcision, will be an uncovered glans after the period of puberty. In future lectures I shall refer to the subject again, as patients with this condition pass before us.

Hare-lip.

I will now, gentlemen, bring before you two cases of hare-lip in young children, and will avail myself of this opportunity to say a few words to you concerning this interesting deformity. The term hare-lip is widely used, and is generally understood. It means a congenital condition of cleft in the upper lip, somewhat similar to that which is normally observed in the hare or rabbit. There is, however, this important difference between the two. In the hare the cleft is directly in the middle line, and the two divided portions of the upper lip are symmetrical. In the human subject this is not so. The cleft—I am now speaking of simple hare-lip—is upon one side, usually, I think, upon the left. The right lip is firmer, and stronger, and longer upon the edge of the cleft, than the left. In the patient before you the reverse is the case, the cleft is on the right side and the left side has the longer edge, as you will notice. Usually, as in this case, the smaller side of the lip runs off at an angle. The tissues are scanty, and, in fact, there is not only a cleft of the lip, but on one side an absolute deficiency.

It is this peculiar condition which so often gives rise to a central notch, where union has taken place after the operation. The surgeon is charged with bungling and imperfect result, when, in reality, nature, not he, is to blame. If you try to sew together the edges of two pieces of muslin, one ten and one twelve inches in length, they will not fit accurately, but will necessarily wrinkle and pucker. Just so it is in the operation for hare-lip. The edges, if pared by simple, straight incision, and brought together, pucker in uniting, and the result is the disfiguring central notch. To avoid this result requires some skill, and has taxed the ingenuity of surgeons. In the operation I shall presently perform, I will show you one of the processes by which we can try to avoid this blemish in result.

Hare-lip, I have said, is congenital; the child is born with it. What are the intra-uterine forces which produce this, we cannot exactly tell. It is often hereditary, and by some pathologists is believed, whether correctly or not I cannot say, to be more often a paternal than a maternal inheritance. It is often associated with other deformities. I have over and over again shown you cases where hare-lip and cleft palate occur in the same patient, as they do, indeed, in this little fellow. Moreover, two or more children in the same family may inherit this deformity. The mother of this child tells me that she has had two other children, stillborn, both with hare-lip and cleft-palate; and in this little boy, an elder brother of the infant, I show you a curious instance of deficiency of fingers and toes, some of which are rudimentary, and others are webbed. This lip and palate, however, are normal. I do not remember ever to have met with a family so marked by congenital deformity. I should add that this little hare-lip patient has also one club-foot. The mother tells me that neither she, nor her husband, or their progenitors, have, to her knowledge, ever been troubled with like deformities.

The period of operation is a matter of much importance. Usually I prefer not to operate until the infant is three or four months old. The degree of vitality is then stronger, and the shock of operation is felt in a less degree. Sometimes, however, there is so much difficulty in nourishing, the child not being able to suck, and feeding with the spoon so difficult, that an earlier operation is necessary. Especially is this the case when cleft palate coexists, and the life of the child is threatened from defective nutrition. In such cases, you are obliged to perform an earlier operation, although I think it is desirable to avoid it, if possible.

Now let us look again at this baby. As I have said, the cleft is on the right side, the attachment of the frænum is on the right side, and the right lip has the shorter edge. The usual operation consists in paring the edges by angular or curvilinear incisions, and the insertion of hare-lip pins (illustrated on the blackboard). But with the best endeavors, the objectionable notch will often result. I propose here, to-day, to perform an operation advised by Malgaigne, in the hope of obtaining a pouting, instead of a depressed centre to the cicatrix. Observe how I do this. First of all, I give the child a little whiff of ether, and then have its arms and body carefully wrapped around with a towel, to prevent struggling. I next place a clamp on either side of the angle of the mouth, to control the labial artery. With a narrow knife, I free the attachments of the lip, especially on the right side, from the upper maxilla, in order to render the parts loose and relieve the tension. I then make an incision in Λ, reversed, the apex at the top of the cleft, and the legs of the cut running down on each side of the cleft. This incision I continue to the labial margin, but do not cut it out. I stop at the mucous edge, and thus, you see, I have a double flap, with an attachment on each side, which an assistant draws down as I insert the pins. I place the lower pin first, as I desire an accurate coaptation, then the upper one; twist on the silk, and you see the parts are well together. Through the projecting centre I pass a fine cambric needle and very delicate silk suture, and the operation is finished. The result now is perfect, and if union shall occur promptly, as I trust it will, the child will have a good lip, and, I hope, little or no deformity. You noticed that in operating I have kept the infant's head raised, so as to prevent the accumulation of blood in the mouth, and in passing the pins I carefully transfixed the coronary arteries, so as to forbid hemorrhage. One caution I must give you with regard to the pins: carry them with a good hold almost to the mucous membrane of the mouth, but not through it, otherwise they may produce irritation, and the child, in sucking, may draw blood into its mouth.

Union, to be perfect, must take place by first intention. If ulceration occur, the result will be negative, there will be no union. Now you will ask me, when shall the pins be removed? My answer is, in ordinary cases, not earlier than forty-eight hours, and not later than sixty hours after the operation. If taken out earlier the adhesion may sunder, if later, ulceration will take place, and union fail. In order to relieve the tension of the part, I now put the narrow strip of adhesive plaster, which has been well stretched in heating, applying it thus, across the lip, from one malar bone to the other, making it narrow in the middle. I think this serves to render the parts less tense, and in that manner it assists the healing process. I will bring this little one before you at my next clinic, when I hope the termination of the case may be satisfactory.

Double Hare-lip.

The operation I have just shown you is for simple hare-lip. Here, gentlemen, is a case of double hare-lip. The child is fourteen weeks old, and is fed with some difficulty. The parents are very anxious to have the deformity removed. Note the difference between this and the preceding case. Here the cleft of the lip is double, that is, a cleft on each side; the cleft, too, extending not only through soft parts, but also through the maxillæ. We have, therefore, a central projection of bone covered by mucous membrane, known as the inter-maxillary process. This is a very sad condition of affairs, very much more difficult to manage than a simple hare-lip. The degree of deformity is greater, and it is not always easy to obtain union between the central fleshy pyramid and the edges of the two clefts.

One point in this child's case I particularly desire you to note, and that is the size and extent of the intermaxillary projection. On first thought you might suppose that I would remove this projection, as unsightly and out of place. Not so. I shall leave it, for it will carry, hereafter, the incisor teeth, and will, moreover, serve to sustain the lip and preserve the width of the jaw, so important to avoid deformity. If the projection is too prominent I can nick with my bone forceps its lateral maxillary attachments, and force it down in proper position.

We will now proceed to the operation. The child will be anæsthetized and properly placed. I apply my clamps and loosen, by free incision, the soft parts from the bones. I then pare the four surfaces and insert my pins, bringing the parts well together. You see that the double gap is thus closed; at the same time the tissues on the left side appear to me to be rather more tense than I would wish. On this side, indeed, the cleft has been greatest, and the fleshy deficiency most pronounced. I will try and relieve the strain by an adhesive strip, as you saw me apply it before, but I fear that full union is not as likely to take place in this case as in the other.

Encysted Hydrocele of the Spermatic Cord.

The next patient is a boy of fifteen years of age, who presents himself to our notice with rather an obscure affection, from which he has suffered for six years; we will examine him together. You notice here a soft elastic tumor in the scrotum, situated on the right side, oval in shape, elastic on pressure, extending upward nearly to the external ring, and reaching downward almost to the testicle. It gives him some pain, but not much, and is slowly increasing in size.

In deciding upon the nature of this growth, we must make what is called a differential diagnosis. We must consider what it may be; and then exclude from our consideration what it is not. In the first place, it may be an inguinal hernia, congenital or acquired. To test this, I grasp it, and tell him to cough; he does so, and I find no impetus to the tumor is transmitted by so doing; I carry my fingers upward, above the mass, and find that I can grasp it firmly, distinguish its upper contour, and make out distinctly that it does not pass up to the ring. My fingers are above it, between it and the ring, and I can feel the cord plainly. Then, too, examining the ring with my little finger, I find that it is closed, and not pervious. This is not a hernia. It is not a varicocele, for it is situated in front of the cord, is almost as large as an egg, and does not present to the touch that peculiar feel described as that of a bundle of earth worms under the skin. Nor can I feel the vas deferens, as I ought; and pressure by squeezing does not produce the nausea common in such cases.

It is not a tumor of the testicle itself; for I can distinctly distinguish that organ, of normal size and feeling, below the suspected growth. It is not a hydrocele of the tunica vaginalis; it is too much in front, does not extend far enough backward, and is not broad enough.

What, then, is it? Evidently an affection of the spermatic cord; a growth or development in the substance of the cord, but not a solid or indurated mass. I have examined it by transmitted light, but cannot obtain translucency to my satisfaction. I am convinced, however, that it is a collection of fluid in the substance or on the cord, and that it is not diffused, but circumscribed. It is, in fact, what is known as an encysted hydrocele of the spermatic cord, for I can make out its walls or sac, and know that it is separate and apart from the epidydimis and testicle, and that it does not reach the external abdominal ring.

The development of this sac is probably owing to an effusion of fluid in some unobliterated portion of the peritoneal pouch carried down during the passage of the testicle. The fluid, I fancy, will be found to be similar to that of hydrocele of the tunica vaginalis. I will now puncture it with a small trocar, and as I do so you notice the light amber color of its fluid contents. Our diagnosis was correct; this is an encysted hydrocele of the cord, the fluid being contained in a sac. As for the treatment, I might inject the sac with a solution of tincture of iodine, or run through it a fine seton. But I will content myself, to-day, with drawing off the fluid, and then irritating the walls of the sac with my trocar point, in the expectation that sufficient irritation will be excited to obliterate the cavity by adhesive inflammation. Should this fail, and the fluid reaccumulate, we can resort to other measures hereafter. * * * *

BELLEVUE HOSPITAL, N. Y.

CLINIC OF PROF. AUSTIN FLINT, SR., M.D.

Reported expressly for the MEDICAL AND SURGICAL REPORTER.

Hemiplegia from Cerebral Hemorrhage: its Differential Diagnosis and its Effect on the Temperature of the Two Sides of the Body.

GENTLEMEN: Here is a patient, you observe, whose eyes are open, but, as Shakspeare would say, there is not much speculation in them. The woman is in a semi-comatose condition, and I may as well say at once that she is suffering from an attack of hemiplegia following apoplexy. If we examine the face for paralysis, we find that the left angle of the mouth is somewhat drawn, and that there is a little difference in the expression of the two sides of the countenance. If she were able to put her face into action, however, the paralysis would be much more marked than it at present appears. I would also call your attention to the fact that there is a sudden flushing of the face, amounting to intense congestion, whenever she coughs or makes the effort of swallowing.

The hemiplegia is on the right side of the body, and you notice that when I raise the arm on that side from the bed, it is perfectly powerless, and falls, when released, like a heavy and inert body. The left arm, on the contrary, is entirely unaffected. The right lower extremity is also paralyzed, but she is still able to move it a little. Thus, for instance, you observe that she moves the toes now, when the sole of the foot is pricked with a pin. It is a question here, however, as to how far such movements may be voluntary in their character, and how far reflex. As a rule, you will remember, sensibility is not affected in such a hemiplegia as this, or if it is, that this is the case for only a comparatively short time. The paralysis remains motor, and not sensory.

Let us now run rapidly over the history of this case, and in it I would incidentally direct your attention especially to two points. The first is as to the light which the history may throw upon the causation of the apoplexy, and the second is as to the effect of apoplexy and hemiplegia upon temperature.

The patient was admitted to the hospital four days ago. She is said to be seventy years of age, but no personal or family history could be obtained from her. As far as we are able to make out from the account given of her at the time of her admission, she was quite well up to five days ago. Then, while sitting in a chair, toward evening, she suddenly fell to the floor, and was found to be paralyzed, as at present. She was also apparently aphasic, though there is room for some doubt on this point, as the speechlessness may have been due to the partial unconsciousness resulting from the attack. One unusual and interesting feature of the case was that she was totally unable to swallow.

When brought to the hospital the following day she was found to be in a semi-comatose condition, with the upper and lower extremities on the right side partially paralyzed. As is generally the rule in such cases, the paralysis was more complete in the arm than in the lower extremity, while there was considerable rigidity about the muscles of both members. The mouth was somewhat drawn to the left, and the right cheek was more flaccid than the left. The intellect was found to be markedly impaired, but it was observed that the patient frequently put the hand of the unparalyzed arm up to the left side of the head, as if she suffered some pain there. The head was turned toward the opposite side of the body from that on which the paralysis occurred. This is ordinarily the case for the first few days after an attack of this kind, and then the symptom disappears. At present you notice that the patient still holds her head in this position, though it is not turned to the side to such an extent as at first. The pulse was slow, the respiration normal, and the temperature 100°. The heart, liver and spleen were normal, and nutrition was good, but she had some general bronchitis. It was observed that the patient groaned quite frequently, and this is found still to be the case.

In the way of treatment, she was given at first two drops of croton oil, and that night she had two free evacuations of the bowels. Being entirely unable to swallow, a pint of milk, with two ounces of whiskey, was given her, by means of the stomach pump, soon after admission. A nutritive enema was also tried, but was not retained. Subsequently, however, a tannic acid suppository was inserted into the rectum, and after that there was no further trouble about the retention of such enemata. The inability to swallow has continued up to the present time, and so it is still necessary to keep up the nourishment of the patient in the same manner.

During the first day and evening after admission, the temperature in the right axilla, taken at different times, was, respectively, 101°, 100°, and 100°; while that in the left axilla, taken at the same periods, was respectively 97°, 95°, and 97°. On the second day the observations were 100¼°, 100°, and 100°, in the right axilla, and 99°, 98⅔°, and 98°, in the left. On the third day, 100°, 100°, and 100°, in the right axilla, and 96°, 98°, and 98¼°, in the left. On the fourth day (yesterday) there was a marked change in the relative degrees of temperature of the two sides of the body. In the morning the temperature in the right axilla was 100°, while that in the left was 98¼°. In the afternoon, however, the temperature in the right axilla was 99°, and that in the left 100°; while later in the evening it had fallen to 97° in the right axilla, and risen to 100¼° in the left. This, you perceive, is just the reverse of what took place at first.

To-day, again, still another change has taken place in the relative temperatures of the two sides. Early this morning much the same state of affairs was observed as last evening, but since then the degrees of temperature have become more and more nearly approximated, until now they are almost identical. The following is the record of the observations to-day. In the right axilla, 99°, 98¾°, and 98°. In the left axilla, 100½°, 100°, and 98°. The phenomena observed here in regard to the temperature are certainly of exceeding interest, though they may, perhaps, not be of great importance in a practical point of view. As a general rule, in such cases, it is found, as in the present instance, that at first the temperature is comparatively high on the affected side, while upon the unparalyzed side it falls considerably below the normal standard. After a few days the relative temperature of the two sides is completely reversed, and then, as we have seen here, it becomes uniform in both.

We are now to examine what the probable cause of this attack has been. The phenomena observed, in general terms, are those of apoplexy and hemiplegia, and it is, therefore, necessary for us to place before our minds the different conditions which are capable of producing such results. In the first place, I may observe that the circumstance of the apoplexy coming before the hemiplegia enables us, in this case, to entirely exclude meningeal hemorrhage, which would, indeed, give rise to apoplexy, but would not be followed by paralysis.

A tumor of the brain, on the other hand, might explain the paralysis, but could scarcely occasion such an apoplectic seizure as occurred here, though these intracranial growths not infrequently give rise to epileptiform convulsions.

In reality, however, the diagnosis lies chiefly between two conditions, viz., cerebral embolism and cerebral hemorrhage. Let us, therefore, ask ourselves what points in the case form one, and what the other, affection. In both, it is well to remember, we might have loss of consciousness, either complete or partial, and in both we would expect to find hemiplegia.

Now, as to the points of difference. In the first place, embolism can ordinarily only occur as a result of cardiac disease; and as we have seen that the heart is in a healthy condition here, this is certainly a very strong point against embolism. Secondly, the age of the patient is against the supposition of embolism, which almost always occurs in early or middle life. Cerebral hemorrhage, on the other hand, occurs, as a rule, in advanced life.

Next, let us inquire if the side which is paralyzed has any bearing on the causation of the hemiplegia? Yes, this point would seem to favor embolism, for in the larger proportion of cases, hemiplegia due to this condition is on the right side, as in the present instance. Still, this does not, of course, exclude cerebral hemorrhage, which is liable to produce paralysis of either side of the body.

Another point to be taken into consideration is, whether the patient has improved or not since the onset of the attack. It is now five days since she was stricken down with the paralysis. The ordinary rule is, that in hemiplegia from embolism more distinct improvement, both as regards the intellectual faculties and the paralysis, takes place within such a period than is the case here. Indeed, it can hardly be said that there is as yet any appreciable change at all in the patient's condition.

These are the more important points to be taken into consideration in making up our minds as to the diagnosis, and in view of the evidence which they afford, I think we are justified in excluding embolism and regarding cerebral hemorrhage as the cause of the trouble here. Perhaps it may be as well, however, to mention two additional points which go to corroborate this opinion. The first is that the patient, from time to time, puts her hand to the left side of the head, as though she felt pain there. If there is a clot present it has, no doubt, acted as a foreign body and excited a certain amount of cerebritis in the tissue surrounding it. The carrying of the hand to the head, which indicates that the patient feels pain, or at least a sense of discomfort, there, is a symptom to which I am accustomed to attach considerable importance in such cases.

And this brings me to the second point alluded to. Not only has this inflammatory action given rise to pain, but also to some increase in temperature. Yesterday and today, as we have seen, the temperature has been abnormally high upon the left side of the body, which is the unaffected one. The increase in temperature, for the first few days, on the right side, was unquestionably due to the direct influence of the paralysis on that side, and ought not, therefore, to be considered as indicative of fever in the system.

It is, then, pretty certain that we have a clot to deal with here, and if you ask me where it is located, I can answer, with a considerable amount of assurance, in the *corpus striatum* of the left hemisphere of the brain. The *corpora striata* are the usual seats of such cerebral hemorrhage, and there is nothing to indicate that it is located elsewhere in the present case.

The indications for treatment are exceedingly simple here. The patient's bowels have been moved, and we have only to keep her perfectly at rest and supply her with appropriate nourishment. As has already been mentioned, there is one peculiarity about this case, and that is that the woman is unable to swallow. Consequently it will, of course, be necessary to continue feeding her, for the present, at least, in the same manner hitherto resorted to. I may also mention that she does not pass her water of her own accord, so that the bladder has to be emptied from time to time by means of the catheter. It is possible that the patient may never emerge from the semi-comatose condition in which she has remained ever since her admission to the hospital, but the probabilities are that a gradual improvement will take place in her condition.

MEDICAL SOCIETIES.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The Medical Society of Pennsylvania met at Pittsburg, May 29th, 1878, at Library Hall, and was called to order at 3 P. M.

The retiring President, Dr. R. B. Mowry, Allegheny, took the chair, assisted by the Vice-President, Dr. L. Turnbull, of Philadelphia.

The session was opened with prayer by the Rev. E. A. Felton, D. D., of Pittsburg.

Dr. Mowry introduced Dr. D. Hayes Agnew, of Philadelphia, President-elect, who assumed the chair with some appropriate remarks.

Dr. T. J. Gallaher, Chairman of Committee of Arrangements, introduced Dr. C. B. King, who, on behalf of the Committee, welcomed the Society to Pittsburg and its hospitalities.

The Permanent Secretary read a note from Professor S. D. Gross, regretting his inability to be present, which was ordered to be entered on the minutes.

The Committee on Credentials presented their report, which was read by the Secretary, showing about two hundred members in attendance.

Dr. T. Woodbridge, of Ohio, was invited to the platform as a representative from the Ohio State Medical Society.

Drs. J. G. Richardson and B. Gillett, as representatives to the New York State Medical Society, presented their reports, which were referred for publication.

Dr. S. W. Gross, of Philadelphia, read the address in Surgery, which was on Stricture of the Urethra, and its proper treatment. It was referred for publication.

Dr. LeMoyne, of Pittsburg, made some remarks upon the subject of the paper.

Dr. J. T. Carpenter, of Pottsville, read a paper on the Local Origin of Constitutional Disease. Referred for publication.

The paper was discussed by Drs. William Pepper, Philadelphia, R. L. Sibbett, Carlisle, B. Lee, Philadelphia.

Dr. W. J. Asdale, of Pittsburg, exhibited the case of a child of three years with a bullet still in the substance of the brain.

Dr. J. B. Murdoch, of Pittsburg, read a paper on Fracture of the Femur, with Dislocation of the Head of the Bone, not detected till long afterward.

Dr. Agnew suggested a mode of arriving at a proper diagnosis.

Referred to Committee of Publication.

Dr. Ezra Dyer, of Pittsburg, read a paper on Sympathetic Ophthalmia; it was discussed by Dr. S. D. Risley, of Philadelphia, and referred to Committee of Publication.

The Permanent Secretary read, by title, a report from the Committee of the Philadelphia County Medical Society, on Revision of the Pharmacopœia, which was referred for publication.

The Permanent Secretary read a paper from Dr. Edward Seguin, of New York, on Uniformity of Observation in Medicine, which was referred to the Committee of Publication.

The delegations from counties were requested to appoint their members of the Nominating Committee, and report in the morning.

On motion of Dr. J. L. Stewart, of Erie, all the members of the Allegheny County Medical Society not delegates were invited to seats with the Society.

Adjourned till 8 P.M.

The Society met in the evening to listen to the address of the President.

His address was upon "Errors of Diagnosis."

On motion, thanks were tendered him, and a copy was requested for publication.

Adjourned until 10 A. M., Thursday.

SECOND DAY.

President, D. H. Agnew, in the chair.

Dr. W. B. Atkinson, of Philadelphia, exhibited the new cephalotribe of Professor Ellerslie Wallace, of Philadelphia, with teeth susceptible of being raised and retracted, so that when the head has been crushed the instrument will hold the head and extract it. The instrument was fully described, and its great value demonstrated by the lecturer, after which it was passed around for inspection.

Dr. J. Solis Cohen then, by request, exhibited an improved tracheotomy tube.

The resolutions offered last year were called up, and after some remarks by Dr. Pollock, of Pittsburg, the first was adopted.

Resolved, That all county medical societies now existing under the regulations of this Society, or which may hereafter be so organized, shall, at the next meeting to elect officers following the adoption of this resolution, or at the next meeting of officers, when such society shall have been organized, and annually thereafter, be required to elect three members, to be called medical examiners, whose duty it shall be to examine all applicants for admission as students of medicine under the tuition of members of this Society, and said Committee shall withhold their certificate from any applicant, unless he is of good moral character, possesses a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage. And no member of any county society shall receive any person as a student of medicine unless he presents a favorable certificate from this Committee.

The second resolution, was offered to be amended by Dr. McCann, to read four years. Lost. The resolution was then adopted, as follows:—

Resolved, That every member of a county society, organized, or which may hereafter be organized, under the regulations of the Medical Society of the State of Pennsylvania, before receiving any person as a student of medicine, shall require him to enter into a contract to pursue his studies for a period of not less than three years; and it shall be the duty of his preceptor to present him a certificate, countersigned by the secretary of the local society of which he is a member, setting forth the facts as above stated.

The third resolution was adopted—

Resolved, That it shall be the duty of all members of the profession holding allegiance to the Medical Society of the State of Pennsylvania to recommend their students to attend only such medical colleges as rigidly enforce the full three years' course of study in their curriculum, and otherwise conduce to elevate the standard of graduation.

On motion the Permanent Secretary was directed to send a copy of these resolutions to the Association of American Medical Colleges, at their meeting at Buffalo, in June next.

The amendment to the Constitution, offered last year was then unanimously adopted—

ART. III, SEC. 5. Strike out "continues to reside in the county for which he was originally delegated." Add "any member of this Society may, by change of residence, transfer his membership to any other regular county society, without prejudice to his standing in this Society."

Dr. Wm. Goodell, of Philadelphia, then read the Address in Obstetrics, on the subject of Lacerations of the Cervix Uteri. Referred to Committee of Publication.

The following Committee on Nominations was announced:—

Allegheny, Dr. T. W. Shaw. Armstrong, Dr. W. H. Stewart. Blair, Dr. R. Clarke. Bedford, Dr. A. E. Ely. Butler, Dr. C. F. McBride. Beaver, Dr. J. C. Temple. Centre, Dr. G. F. Harris. Clarion, Dr. J. M. Fitzgerald. Clearfield, Dr. J. A. Bouse. Crawford, Dr. T. J. Young. Cumberland, Dr. S. P. Ziegler. Delaware, Dr. I. N. Kerlin. Dauphin. Dr. J. Curwen. Erie, Dr. A. S. Bonsteel. Fayette, Dr. L. S. Gaddis. Huntingdon, Dr. A. B. Brumbaugh. Indiana, Dr. J. L. Crawford, Jefferson, Dr. C. M. Matson. Lancaster, Dr. A. M. Miller. Lawrence, Dr. D. Cunningham. Lycoming, Dr. G. D. Nutt. Montgomery, Dr. H. Corson. Mifflin, Dr. J. T. Mahon. Montour, Dr. I. Pursell. Mercer, Dr. L. N. Woods. Northampton, Dr. E. G. Steinmetz. Philadelphia, Dr. W. G. Porter. Schuylkill, Dr. S. S. Koser. Tioga, Dr. W. Fiske. Washington, Dr. M. H. Park.

The Committee retired immediately.

Dr. R. L. Sibbett, of Carlisle, presented the report on Medical Legislation, as follows:—

The Committee on Medical Legislation respectfully report, That, on account of a want of perspicuity in Section 3 of the Act of Assembly, approved March 24th, 1877, and referred to in the report of last year, registration, as far as is known, has not been commenced in any part of the State. The Permanent Secretary, in conjunction with the Treasurer and the Chairman of this Committee, decided not to print the blank forms for the guidance of the prothonotaries, as directed by this Society, until further efforts were made to secure additional legislation. Accordingly, your Committee prepared, and laid before the Legislature, a memorial.

At the same time a supplement, as herein indicated, was introduced into the House of Representatives, and was received with favor, but owing to the fact that the Senate bills of last year had not been considered in the House, it could not be reached, and it must now be introduced *de novo.*

In these circumstances your Committee would continue to urge upon the profession the importance of commencing registration as soon as possible. In Cumberland county arrangements have been made for the registration immediately. No one will object, especially as the practitioner pays the expense. The Prothonotary will soon become interested, and will assist in securing the passage of a supplement to the act by which all doubts will be removed. Let the fraternity go forward and voluntarily register in the several counties, as a privilege, rather than a duty enforced by law. If any one prefers not to register in accordance with the forms suggested by the Society, he can adhere strictly to the letter of the law. Experience will prove that the practitioner will not only take pleasure in identifying himself with the history of his county, but he will take pleasure in representing himself as favorably as possible before the public and posterity. In registering, the fraternity lays the foundation upon which the profession may be built up. They become identified with the State and several counties. This is done under oath or affirmation, and while identified with the government which protects the profession, the means by which the foreigner and pretender deceive the public is taken from them with the commencement of registration, and the profession will begin to write the history of the profession. Thus far there is no history, either State or county. It is impossible to tell who or how many were practicing twenty years ago, or the practitioners of to-day, and this end will not be reached until registration is begun. As a first step, all that is necessary is that five or six respectable practitioners in each county visit their Prothonotary and request him to purchase a book for registry or purchase it themselves, and request him to take charge of it, which he dare not refuse, for the law certainly requires registration. No further effort will be necessary, as the Prothonotary, who is to receive a fee of one dollar, will see that all practitioners register.

With this view of the subject there appears to be no good reason why the profession should not commence registration at once. Let those who decline take their chances in the Courts. The penalty for non-compliance with the requirements of the law is two hundred dollars, and this may be doubled, at the discretion of the Court. The cost of registration is only two dollars. The other sections of the law are clearly expressed, and cannot fail to produce good results. No one now is permitted to commence the practice of medicine in the State who has not obtained, in a regular manner, the degree of Doctor of Medicine; nor is any one allowed to itinerate from place to place who has not taken out a license. The responsibility for incompetency is on the schools. The institution which confers the degree of Doctor of Medicine upon those who cannot read or translate their diplomas can no longer claim the support of the profession. The Chairman of this committee desires to express a sense of personal gratitude to all, especially to the members of the committee, and to the medical gentlemen in the Legislature, who have labored so earnestly for the success of this movement.

The report was accepted and adopted.

Dr. S. D. Risley, of Philadelphia, read a paper on Chronic Iritis, based upon one hundred and fifty-three cases. Referred to the Committee of Publication.

Dr. O. H. Allis, of Philadelphia, read a paper on Descent of the Testicle, and its Relation to Hernia. Referred to Committee of Publication.

A paper by Dr. E. Griswold, on Puerperal Fever, was presented; the author being absent, without reading, it was referred to the Committee of Publication.

Dr. J. V. Shoemaker, of Philadelphia, read a paper on Acne Rosacea, which was referred to the Committee of Publication.

Adjourned to meet at 2½ P. M.

2½ P. M. President in the Chair.

The Report of the Committee of Nominations was presented, as follows, and on motion, adopted:—

President, Dr. James L. Stewart, of Erie. Vice-Presidents, J. T. Carpenter, Schuylkill; William Goodell, Philadelphia; J. V. Bean, Lancaster; A. M. Pollock, Pittsburg; L. Turnbull, Philadelphia. Permanent Secretary, William B. Atkinson, Philadelphia. Recording Secretary, I. N. Kerlin, Delaware. Corresponding Secretary, O. H. Allis, Philadelphia. Treasurer, Benjamin Lee, Philadelphia.

The Committee of Publication is unchanged, with the exception that Dr. Kerlin is substituted for Dr. Coffey.

The delegates selected to the American Medical Association, eighteen in number, are: Drs. William Pepper, Philadelphia; I. N. Kerlin, Delaware; J. W. Hughes, Indiana; S. M. Ross, Blair; S. W. Gross, Philadelphia; R. B. Brown, Jefferson; M. B. Dwight, Lycoming; James Ross, Clarion; J. W. Hilliard, Mercer; S. B. Kieffer, Cumberland; A. S. Bonsteel, Erie; C. A. Rahter, Dauphin; A. Rothrock, Mifflin; Crawford Irwin, Blair; C. T. Palmer, Schuylkill; D. Cunningham, Lawrence; G. Y. Boal, Beaver; J. B. Ewing, Fayette.

Delegates to State Societies.—New Jersey: E. G. Steinmetz, Northampton; T. M. Drysdale, Philadelphia; Rowan Clark, Blair. New York: J. B. Murdoch, Allegheny; A. B. Brumbaugh, Huntingdon: H. C. Wood, Philadelphia; R. S. Sutton, Pittsburg; R. M. Boyles, Jefferson; D. H. Strickland, Erie. Ohio: C. F. McBride, Butler; T. J. Young, Crawford; H. S. McConnell, Beaver; E. Griswold, Mercer. Delaware: J. A. Ehler, Lancaster; S. D. Risley, Philadelphia; J. D. Ranney; R. D. Wallace, Lawrence. West Virginia: Thomas Shaw, Pittsburg; W. S. Duncan, Fayette; S. P. Klingensmith, Westmoreland; J. M. Barton, Philadelphia; J. L. Crawford, Indiana. Maryland: C. K. Mills, Philadelphia; J. S. Brough, Lawrence; John S. Dixon, Pittsburg; L. Fussel, Delaware; D. McKinney, Beaver. Massachusetts: F. G. Smyth, Philadelphia; John Curwen, Dauphin. Connecticut: J. V. Shoemaker, Philadelphia.

The Censors remain the same as last year, except H. O. Whitman, from Dauphin, in place of Seller; T. J. Young, of Crawford, in place of D. M. Calvin; A. S. Bonsteel, of Erie, in place of W. W. Wallace; A. Hibler, of Centre, in place of R. V. Wilson; and W. M. Reber, of Columbia, in place of R. Simington, of Montour.

The next place of meeting was fixed at Chester, Delaware county, on the last Wednesday of May, 1879. The report was adopted.

On motion of Dr. C. Irwin, of Blair, the time was changed to the third Wednesday in May, 1879.

Dr. A. H. Halberstadt, of Pottsville, read a paper on Anæsthesia in Parturition. Referred to Committee of Publication.

Dr. Ezra Dyer, of Pittsburg, read a paper on the metric system. Also referred.

He presented the following:—

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system, from its universality, simplicity, and scientific character, does recommend the use of the same to the members of the Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical studies.

This was, on motion of Dr. Traill Green, of Easton, amended by adding that in all communications made to this Society in which reference is made to weights and measures, the metric system only shall be used; after which the resolution was adopted.

On motion of Dr. J. B. Murdoch, of Pittsburg, it was

Resolved, That the Permanent Secretary of this Society be instructed to bring the action of this Society to the notice of the American Medical Association, at its next meeting, and urge upon that body a similar action.

On motion of Dr. T. W. Shaw, of Pittsburg, it was

Resolved, That this Society advise that the metric system be taught in the public schools of this State.

Dr. C. K. Mills, of Philadelphia, read a paper on Psoas Abscess Simulating Nervous Affections. Referred to Committee of Publication, after some remarks by Dr. H. C. Wood, of Philadelphia.

Dr. J. S. Dickson, of Pittsburg, read a paper on Notes of Two Cases of Ovariotomy. Referred to Committee of Publication.

The Report on Care of the Insane was read by Dr. John Curwen, of Harrisburg, and referred to the Committee of Publication.

The Report of the Committee on Female Assistant Superintendents in Female Departments of Insane Asylums was read by Dr. Hiram Corson, of Conshohocken, and referred to Committee of Publication. He offered the following resolution, which was adopted:—

Resolved, That a Committee of seven be appointed by the President of this Society, to memorialize the Legislature to enact laws, if any be needed, to authorize the employment, by managers of hospitals under control of the State, of women medical superintendents for the female departments of said hospitals, and for hospitals to be erected for the accommodation of females.

Committee.—Drs. H. Corson, E. A. Woods, R. L. Sibbett, A. Nebinger, Traill Green, I. N. Kerlin, Benjamin Lee.

Dr. Wm. Pepper, of Philadelphia, read a paper, a Contribution to the Clinical Study of Jaundice, with special reference to the internal use of nitrate of silver in its treatment. Referred to the Committee of Publication.

Dr. B. Lee, of Philadelphia, read the Annual Address in Hygiene, which was accepted, and referred to the Committee of Publication.

The Treasurer read his report, showing a balance in hand of $865.40. It was accepted, and referred to the Auditors, Drs. B. Leaman, of Leaman Place; H. T. Coffey, of Pittsburg; and John Curwen, of Harrisburg.

On motion of Dr. W. Goodell, of Philadelphia, it was

Resolved, That the expenses of the Treasurer in attending the annual sessions of the Society shall be paid by the Society.

Dr. A. M. Pollock, of Pittsburg, having declined the election of Vice-President, he having already been President, Dr. Thomas J. Gallaher, of Pittsburg, was elected.

Dr. L. Turnbull, of Philadelphia, read a paper, Observations and Experiments on Hydrobromic Ether. Referred to the Committee of Publication.

He also read a paper on Diseases of the Mastoid Process, their prognosis, pathology and treatment. Also referred.

Dr. J. M. McCann, of Pittsburg, read a paper, Clinical Observations on Excision of Joints, with special reference to the elbow joint. Also referred.

Dr. S. S. Koser read a paper on the Use of the Plaster-of-paris Jacket in Fractures of the Spine. Referred to Committee of Publication.

Dr. O. H. Allis, of Philadelphia, exhibited a portable gas light, of very ingenious and simple construction.

Dr. B. Lee, of Philadelphia, made some remarks on the last two papers.

Adjourned till Friday at 8 A.M.

THIRD DAY.

President in the chair.

Dr. J. L. Stewart, of Erie, alluded to the death of Dr. W. M. Wallace, of Erie, late President of this Society, and offered the following:—

WHEREAS death has again visited our Society, and taken from our midst a professional brother whom we loved and delighted to honor, the Nestor of our profession in Northwestern Pennsylvania, therefore be it

Resolved, That in the death of Dr. Wm. M. Wallace this Society has lost a useful and brilliant member of the medical profession, one of its brightest ornaments, and the State one of its most learned and accomplished citizens.

Resolved, That we will ever hold in pleasant memory Dr. Wallace's devotion to the interests of this Society, of which he was formerly President, his high moral character, his most scrupulous regard for his professional obligations and conscientious performance of every duty incumbent on a physician, to his patients, to his brethren of the profession, and to his fellow men.

Resolved, That these resolutions be spread upon the minutes of this Society.

The report of the Committee of Publication was received and accepted.

On motion of Dr. T. Green the Committee on Medical Legislation was continued, and the chairman was granted permission to append the names of those present at this meeting to the memorial.

Dr. T. Green offered the following:—

Resolved, That County Societies be requested to report, during the present year, the proportional number of epileptics which, within their knowledge, have become insane, to Dr. Curwen, who is appointed a Committee to report on this subject.

The auditors reported the Treasurer's accounts correct, and were discharged.

Dr. R. S. Sutton's paper, on Three Cases of Cyst of the Broad Ligament was not read, but referred to the Committee of Publication.

The Committee on Legislation for the organization of a State Board of Health reported that the memorial had been presented to the Legislature, together with an act incorporating the Board, but that it had not been reached. He hoped that at the next session the law would be passed.

The Secretary suggested that inasmuch as representatives—or mis-representatives, rather—of the State had apparently become impressed with the idea that the three gentlemen acting as the committee had axes to grind in pressing the passage of the bill, the names of the members of the Society be appended to the memorial. The suggestion took the form of a motion, and was adopted.

On motion, a vote of thanks was tendered the Allegheny County Medical Society, for the elegant entertainment furnished last night, and also to the railroads, for reduced rates of fare.

The Committee of Publication reported that they had printed and circulated 1400 copies of the proceedings of the last annual meeting.

On motion a vote of thanks was tendered Dr. Agnew for the impartial manner in which he presided over the deliberations of the Convention.

President Agnew then appointed a committee of two to conduct Dr. Stewart, the President elect, to the chair.

Dr. Stewart, in a brief speech, returned thanks for the honor conferred in calling him to the Presidency, and asked the co-operation of the members of the Society in the discharge of the business devolving on him.

After some further informal talk the Society adjourned until the third Wednesday of May, 1879, when the meeting will be held in Chester.

THE ILLINOIS STATE MEDICAL SOCIETY

Met at Springfield, May 21st, and had a full attendance. The following officers were elected for the ensuing year: President, E. P. Cook, of Mendota; Vice-Presidents, James Whitmore, of Metamora, and G. W. Jones, of Danville; Treasurer, J. H. Hollister, of Chicago. The next annual meeting of the Society will be held at Lincoln on the third Tuesday of May, 1879.

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—A mutual cremation society exists in Dresden. For the payment of a small annual sum a member is burned for nothing when he dies.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Value of Sponges in Surgery.

Mr. Furneaux Jordan writes, in the *British Medical Journal*—

A sponge conveys, renews, or maintains antisepticity with signal convenience and efficiency. A soft, cleansed, moist, antiseptic, and sufficiently large sponge may be put over, or occasionally even within, the parts which have been recently injured or operated upon, with benefits so marked as to deserve pointed commendation. Such a dressing apparently secures all the conditions which favor the healing process; and all that we can do is to control conditions. We have no surgical charms, royal touch, or prayers which are able to heal.

A sponge exerts a soft, uniform, diffused, elastic, and measurable pressure. Slight pressure will keep a wound clean; moderate pressure keeps up efficient drainage of all deep-seated fluids, and renders the ordinary drainage tube, as a rule, unnecessary. The drainage (and pressure) of a sponge is diffused and complete; the drainage of a tube is local and incomplete. In many cases, where I have used a tube with a superjacent sponge, I have found, on removing the first sponge, after some days, all the parts healed, except the locality of the tube. In similar cases, where the tube has not been used, the healing has been complete. There is one structure which, in my experience, strongly resents the presence of an india-rubber tube passed through its substance; it is the female breast, multiple abscesses arising in the vicinity of its tract.

Moderate sponge pressure also keeps the deep parts in apposition, and thus promotes the deeper solid union; a greater virtue no dressing can possess. A little more, though not at all severe, pressure arrests hemorrhage from all except the larger vessels; even the latter might, if necessary, be held in check for a considerable time. In operations and injuries where hemorrhage is free, and from many and not large vessels, as in wounds of the palm, indeed, in any operation or injury involving the hands and feet, the advantages of a sponge and bandage are clearly seen. In operations on the breast, especially where axillary glands require removal, I look on a large sponge as my best friend. In some cases such as these a bit of sponge put inside the wound (Mr. Lister's writings first suggested this to me), the margins being drawn together, or a large sponge placed thereon, instantly stops all bleeding. Here I should change the first dressing as soon as the probability of primary and reactionary hemorrhage had passed away, so that deep union might not be hindered. There is probably some physical peculiarity in sponge which tends to arrest hemorrhage, independently of mere pressure. Protracted pressure with lint or cotton, sufficient to arrest hemorrhage, would cause sloughing; it is not so with sponge pressure. Sponge "bites" the skin, and thus keeps the superficial parts in place, while its elastic pressure keeps the deep parts together. I will now merely hint at some other of its qualities. Sponge may be kept very wet or slightly damp, hot or cold, small or large, by merely altering the character and the amount of the fluids which may be applied to it; all this is possible without removing the sponge. The lotion may be nearly boiling, or it may be constantly iced. Fluid may be applied with any frequency; it may be medicated with any approved agent. Lotions which give deposits, as those containing lead, are not so suitable, as they harden the sponge—a condition which can rarely, if ever, be necessary. If the sponge dressing require to be prolonged more than a few days, the lotion must not be of a character or a strength to unduly irritate the skin.

Turkey sponge is better for smaller wounds and operations; in larger lesions the honeycomb is more manageable. Sponge dressings may be removed frequently, or, which is much more important, very unfrequently. The softness and bulk of damp sponge protect from movement, friction, blows, or other injury. Sponges take any shape, may be adapted to any surface, or cut to any size. Two or more (stitched together or not) may be used when one is not large enough or only small ones are available.

It is well to have separate suitably-shaped and prepared sponges for dressing; but, if this be overlooked or be inconvenient, the operation sponges may be used. Sponges which have been used, if completely cleaned and disinfected, are even better than new ones.

How long should we continue the sponge-dressing? Not long; until all danger of urinary and recurrent bleeding has ceased; until deep union is fairly established, and there is little fear of the separation of parts; until (which is much the same thing) the discharges have become slight and the wound is mainly superficial. All these results I very frequently find on removing the first dressing, which has remained some days—three, four, six, eight, or ten.

In amputations of the limbs, sponges, one or two, may be readily made to cover the incisions, support the deep parts, check hemorrhage, drain, and act as splints. In removal of the breast and tumors generally, the sponge dressing has special advantages. The sponge should be large; say, in a woman of medium size, ten or eleven inches long, five or six wide, and four or five thick. It should be placed directly over the stitches or strapping; indeed, it is one of the merits of the sponge that it can be placed over any other contrivance. If strips of plaster be needed to relieve tension, they should be long, say from over the shoulder to near the groin, when the slight moisture of the sponge will not spoil their adhesion. A few neat and firm turns of wide, thin, smooth bandage are better than a large number in several ways, especially in the medication or antiseptication (may I say?) of the sponge. During the few years I have used sponge dressing, I have not had a single instance of early recurrent or later reactionary, or of secondary hemorrhage. I scarcely ever tie a vessel. One or two may be twisted or compressed a few minutes by spring forceps; but patient pressure for a time, with relays of well-wrung sponges within the wound, rarely fails to stop primary hemorrhage.

In the deep excision of cancers from mucous outlets—a branch of surgery in which it falls to my lot to have much experience—I should be much at a loss if I had not at hand my large sponge with its antiseptic, styptic, compressing and draining properties. A few months ago, I removed a cancerous penis as far down as the triangular ligament in the perineum (splitting the scrotum to do so, the man preferring to retain the testes); a sponge with a catheter passed through its centre, stopped the bleeding, dressed the wound, and kept it antiseptic, all at once.

I need not detail every operation in which sponge dressing is of benefit; I will briefly refer to a few only. I have just had striking evidence of its utility in trephining. Twenty-one days ago a young man was brought into the Queen's Hospital with a cut, and therefore a comminuted and depressed fracture of the right parietal bone, caused by a falling slate. Brain was oozing out, and as much as would fill a walnut-shell escaped. Left hemiplegia was marked, but not complete. I trephined, and removed numerous fragments and a bit of felt hat, leaving a gap two inches long and an inch and a half wide. The soft parts were very loosely adjusted, and well-covered and overlapped by a soft sponge kept constantly moist with terebene, and fixed by one strip of adhesive plaster twenty inches long and three inches wide. On this, the fourteenth day, his state could not be more favorable.

In wounds generally, in compound fractures, after operations for caries or necrosis, after opening abscesses, superficial or deep, the sponge dressing is of ready utility.

After operations for hernia, a large antiseptic sponge, under a few turns of spica bandage, forms an ideal dressing, which at once gives elastic truss pressure, cleanliness, drainage and antisepticity.

After lithotomy, when there is free bleeding, there is no mechanism which equals in accessibility, simplicity and efficiency, an elongated bit of sponge, a kind of sponge tent, passed by the side of an elastic tube or catheter. I have now in the hospital a man, aged seventy-five, who is convalescent from lithotomy. The stone was very large, the incision necessarily free, the hemorrhage great, and the patient naturally feeble; after a few spoonfuls of iced water, I put a large elastic catheter through the wound, and by its side a sponge-tent of the size of my finger. In a few moments the bleeding ceased, not to return, and the urine shortly came through the catheter. All went on well, save that severe signs of senile exhaustion appeared after seven or eight days; these were successfully checked by repeated alteration in position, and even partially clothing the patient: the risk of a permanent fistula from getting up too soon seemed better than death. In lithotomy wounds, as elsewhere, when the sponge is put within the wound, it speedily creeps into every corner, crevice or recess from which blood may flow. It is on this principle that an ordinary uterine sponge-tent, passed along the floor of the nose, as recorded by a surgeon whose name I forget, checks epistaxis immediately, without time, trouble or apparatus.

On Sexual Hygiene.

That careful observer, Dr. George M. Beard, states on this subject, in the "Proceedings" of the King's County Medical Society, the following conclusions:—

1. In savage, barbarous and semi-civilized lands the sexual appetite can be, and is, and always has been, indulged by both sexes, not only in the natural way, but in all sorts of unnatural ways, to enormous excess, without traceable harm to the nervous system. To a less degree this is true of the lower orders in civilized lands—as slaves, sailors and peasantry.

2. The brain-working, indoor-living classes of civilization find it necessary to observe the same caution in this respect as in regard to diet. They can bear only a fraction of what to the savage or the slave is a matter of indifference.

3. There are individual idiosyncrasies in this regard. Some who are very feeble can bear much sexual indulgence, just as some who cannot raise their heads in bed, or take any stimulants or tonics, can eat and digest large quantities of food, or bear any amount of alcohol or electricity.

4. Sexual intercourse is a tonic and sedative; and, like other tonic and sedative measures, it induces sleep, or, at least, quietness, and increases the disposition and capacity for work. When carried to relative excess—that is, excess for the individual at the time—it may produce, primarily, nervousness and wakefulness, and secondarily, headache, neuralgia, and various symptoms of exhaustion. The appetite for sex, like the appetite for food, cannot well be regulated by arithmetic; but whenever any of these symptoms follow indulgence, they suggest excess at that time. At

another time, under different circumstances, the same indulgence for the same individual may do no harm.

5. The evil effects of over-persistent sexual excess are usually temporary and very recoverable.

The German notion that structural and incurable diseases—as locomotor ataxy and progressive muscular atrophy—are caused, primarily, by sexual excess is not sustained by my observation. Functional excess of any kind causes functional, not structural, disease. Just as excessive brain work, uncomplicated with worry, may cause cerebral asthenia, or brain exhaustion—just as excessive eating may cause atonic dyspepsia—just so excessive sexual activity may cause sexual exhaustion, either local or general; but none of these types of functional debility are usually of a permanent character; removing or modifying the cause in time removes or modifies the effect.

Under this head I may say that there is no question that an important proportion of cases of functional nervous disease in both sexes are brought on or made worse by sexual excess and disturbance. As a rule, these maladies are most common between the ages of fifteen and forty-five, when the sexual system is most active and most liable to abuse. I am persuaded that our remedies often disappoint us because the patient, through this function, keeps up a constant irritation—an irritation, perhaps, which on a strong and savage constitution would have no effect, but on a civilized nervous temperament is full of evil.

6. Excessive sexual indulgence, or abuse, acting on a strong constitution, produces local functional disease of the sexual organs—impotence in its various grades; acting on a nervous and delicate constitution, it produces general nervous exhaustion.

The worst cases of impotence I have ever seen have been in men of iron frames. The feeble, finely-organized constitution cannot abuse itself long enough to become impotent; excess so soon shows itself on the general system that it is impossible to induce local disease.

On Lymphadenoma.

At a meeting of the London Pathological Society, in April, Mr. Nunn exhibited microscopical preparations and drawings of examples of—1. Simple hypertrophy of an axillary lymphatic gland; 2. Secondary affection of a popliteal lymphatic gland, the primary disease having been large-celled sarcoma of the fibular periosteum; 3. Secondary affection of the axillary lymphatic glands, the primary disease having been cancer of the breast; 4. Secondary affection of subcutaneous lymphatic tissue, from the neighborhood of the scar after amputation of the breast seven years previously, the primary disease having been tumor of the breast, presumably cancer. The first specimen showed an unlimited production of lymphoid corpuscles, without any tendency to arrangement in groups. The second showed an equally unlimited production of the large cells of the sarcoma, without tendency to arrangement in groups. The two last showed cells of two distinct characters, namely, the lymph corpuscles and the epithelium-like cancer cells; these latter being arranged in groups and surrounded by the lymphoid corpuscles. In reference to questions raised by Dr. Wilks, Mr. Nunn said that, whatever might be the precise nature of the relation of lymphadenoma to cancer, a very suspicious companionship would be found in cancer, between the cancer cell and the adenoid growth. He thought, in respect of prognosis, that the general invasion would be found to be more rapid, and the fatal termination to occur earlier, in adenosis than in cancer.

The Use of Chloral in Alcoholism.

Dr. Fürstner, of Vienna, is quoted by the London *Medical Record*, on this subject, as follows:—

In the first published cases of delirium tremens treated by chloral, its favorable action was not always very marked; sometimes its effect was temporary, sometimes altogether absent; in some of the cases toxic symptoms were caused, and it soon became evident that the dose necessary to produce the desired result varied within very wide limits. It must never be forgotten that many patients, when they first come under treatment, have still a large quantity of uneliminated alcohol in the system. Though the general symptoms of depression, caused by large doses of alcohol, are often not very marked in habitual topers, still the condition of the pulse deserves the most careful consideration in deciding the dose of chloral to be given. Certain patients, not necessarily weak and emaciated, but apparently robust, muscular persons, often have a remarkably small, frequent, compressible, occasionally irregular pulse, with great faintness of the heart sounds, and a less degree of motor restlessness than usual. The author has repeatedly satisfied himself by necropsies that these symptoms are not due to any disease of the heart; they must, therefore, have a central cause. Having regard to the facts that chloral has been proved experimentally to have, in large doses, a paralyzing action on the heart and vaso-motor centre, and that several published cases show that chloral has had a pernicious effect in alcoholism, it is necessary to be most careful in the administration of alcohol in the cases just described. The author believes that cases of sudden death in delirium tremens, after the administration of chloral, are to be explained by the combined cumulative action of alcohol and chloral upon the vital centre in the medulla. It may be urged against this theory that sudden death is by no means uncommon in this disease, even when no chloral has been given; Dr. Fürstner believes that in these cases the alcohol has, of itself, been sufficient to stay the functional activity of the vital centres; it is, therefore, most important not to increase this danger when it threatens, by administering chloral. All patients who, though apparently robust, have the small, frequent and compressible pulse described above, without other complications, are treated by Fürstner without chloral; they are secluded if they cannot be kept in a general ward, and small doses of wine and spirits are given with good results.

Remedies in Epilepsy.

Dr. Erlenmeyer, in the *Correspondenz Blatt*, collects a number of testimonies, from different German physicians, to the benefits derived from the treatment of epilepsy in asylums and institutions for idiots.

Dr. Bertelsmann, physician to the Institution for Epileptics at Bielefeld, remarks, that though he does not believe bromide of potassium to be a specific against epilepsy, he is persuaded that it occasionally effects a cure. At the same time he quotes the opinion of Dr. Auguste Voisin, that though oxide of zinc acts more slowly than the bromide of potassium, its effects are more certain; and after having used both these two medicines for more than twenty years he habitually gives the preference to the oxide of zinc, used after the method of Herpin, of Geneva. Dr. Erlenmeyer has tried bromide of lithium, which was recommended by Dr. Levi, of Paris, as more efficacious than the bromide of potassium, and as having no action upon the heart.

From his own experiments he is disposed to believe that it is inferior to bromide of potassium as a remedy against epilepsy. He has also tried bromide of quinine, and found it had a more hypnotic action than bromide of potassium; he finds it useful in treating periodic fits of insanity and hypochondria, but is not inclined, on the whole, to give it the preference to the more commonly used drug.

Reduction of Strangulated Inguinal Hernia by Aspiration.

Surgeon-Major F. P. Staples reports the following case, in the London *Medical Times and Gazette*:—

Private J. P., Thirty-third Regiment, aged forty, a spare, healthy-looking soldier, was admitted into hospital at Aldershot on July 2d, 1877, complaining that he was unable to return a rupture which he said he had had for about a year, and for which he had worn a truss. He suffered during the night previous, from a severe attack of diarrhœa, and during violent straining the hernia descended. When he tried to return it—no doubt after some little time had elapsed—he found that he was unable to do so. The tumor, on examination, was found to be very hard, about the size of a billiard ball, directly below the right inguinal ring, and without visible alteration of the covering integument. The constitutional symptoms were feverishness and frequent vomiting of darkly-colored matter, but the latter emitted no odor of the fæces. On the failure of the usual methods of taxis at the hands of a good many medical officers, and there being apparently no muscular tension to overcome by the use of anæsthetics, aspiration was decided upon. Deputy Surgeon-General W. A. Mackinnon, C. B., suggested this when first he saw the case, and from previous successful experience said he had little doubt that it would succeed. Accordingly, with the assistance of Surgeon H. Boyd, about twenty hours after the tumor became irreducible, I passed the finest needle of the aspirator into the centre of the tumor, and about one ounce and a half of reddish-colored fluid, and apparently about the same quantity of gas, escaped into the vacuum. The result of this was the immediate collapse of the tumor and the easy return of the emptied gut into the abdomen. The subsequent progress of the case was uninterrupted recovery, and Surgeon-Major J. Wilson, to whose kindness I was indebted for the opportunity of operating, wrote subsequently to me, to say, regarding the case, "that no intestinal symptom followed the operation, but that he kept the man a little longer than usual under observation before discharging him."

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

——A periodical devoted to the history and geography of medicine is about to be started in Germany, *Deutches Archiv für Geschichte der Medicin und Medicinische Geographie.* A list of very able collaborators is given. The editors are Drs. Heinrich and Gerhard Rohlfs. Price twelve marks per year.

—"The Pathology of Seborrhœa," by Dr. Arthur Van Harlingen, a reprint from the *Archives of Dermatology*, is a very careful study of this frequent disease. He would remove from under this designation cases of what has been called seborrhœa sicca, since the pathological product in such is not sebum, but epithelium, from the horny layer of the skin.

—The relations of syphilis to the public health have been discussed in an address by Dr. Frederic R. Sturgis, of New York city. He estimates that about five per cent. of the population of cities is affected by this disease. (pp. 40. Hiram Truss, Jr., Publisher, New York city.

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THE METRIC SYSTEM IN MEDICINE.

The United States Marine Hospital Service has issued a circular directing its medical officers hereafter to make use of the metric system of weights and measures for all official medical and pharmacal purposes. The weights and graduated measures furnished the medical officers will hereafter be in accordance with this system. Simple rules are furnished for the conversion of terms of the United States apothecaries' weights and measures into their respective equivalents in metric terms.

This action, although it may meet with hostile criticism in conservative quarters, must commend itself to those of the profession who recognize how important it is for science to adopt a uniform and the simplest known method of expression. There can be no doubt but that the world is coming more and more to a unity of opinion on this subject; and it is no credit to us as a nation that we are so slow to accept valuable suggestions, because they seem to reflect on our national pride.

The rules which the circular lays down for the conversion of the familiar apothecaries' weights into grammes and centimetres are sufficiently accurate, and we believe are worth quoting, for the convenience of the profession at large, who in their reading if not in their practice, are often called upon to translate the one system into the other.

1.—To express quantities by weight of the apothecaries' system in metric terms, or to write medical prescriptions in metric weights.

Rule A.—*Reduce each quantity to grains; then divide the number by* 10 (or move the decimal point one place to the left), *and from the quotient subtract one-third.* The remainder is in each case the number of grammes representing (nearly) the same quantity. Or,

Rule B.—*Reduce each quantity to drachms, and multiply the number by* 4. The product is in each case the number of grammes representing (nearly) the same quantity. Or,

Rule C.—*Reduce each quantity to ounces, and multiply the number by* 32. The product is in each case the number of grammes representing (nearly) the same quantity.

One gramme is equal to 15.43234874 troy grains. In preparing the above rules the fraction has been ignored, as for medical and pharmacal purposes one gramme and 15 troy grains may be safely considered as equal quantities. In Rule A, therefore, a division by 15 may, if preferred, be substituted for the division by 10, followed by a subtraction of one-third from the quotient, with the same result. The difference between 15 and 15.43234874 is 2.882+ per cent., and hence the deviation from exactness in the answer arrived at by either of the above rules corresponds to an excess of 28.82+ grains for every 1000 grains.

To insure greater accuracy, if in any case deemed necessary, three per cent. may be deducted from the answer arrived at by either of the Rules A, B, and C. The deviation from exactness will then be reduced to one-fifth of one per cent., the remainder being less than the exact equivalent sought by only 2.04 grains for every 1000 grains, or about one grain for every ounce.

2.—TO EXPRESS QUANTITIES BY MEASURE OF THE APOTHECARIES' SYSTEM IN METRIC TERMS, OR TO WRITE MEDICAL PRESCRIPTIONS IN METRIC CUBIC MEASURES.

RULE D.—*Reduce each quantity to minims; then divide the number by* 10 (or move the decimal point one place to the left), *and from the quotient subtract one-third.* The remainder is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE E.—*Reduce each quantity to fluid drachms, and multiply the number by* 4. The product is in each case the number of cubic centimetres representing (nearly) the same quantity. Or,

RULE F.—*Reduce each quantity to fluid ounces, and multiply the number by* 32. The product is in each case the number of cubic centimetres representing (nearly) the same quantity.

One metre is equal to 39.370432 inches. Hence one cubic centimetre is equal to 0.0610253868—cubic inches, or to 16.2311678 + minims (there being 61,440 minims in each wine-gallon of 231 cubic inches). In preparing the above rules 1 cubic centimetre and 15 minims have been considered as equal quantities, which, for medical and pharmacal purposes, is deemed sufficiently accurate. In Rule D, therefore, a division by 15 may, if preferred, be substituted for the division by 10, followed by a subtraction of one-third from the quotient, with the same result. The difference between 15 and 16.2311678 + is 8.208—per cent., and hence the deviation from exactness in the answer arrived at by either of the above rules corresponds to an excess of 82.08—minims for every 1000 minims.

It were desirable that, for any purpose outside of official circles, we mean for the general profession of the United States, the National Pharmaceutical Association and the American Medical Association should unite on a set of rules and a plan which should hereafter be taught at all pharmacal and medical schools. It is high time that this be done, and we trust the action of the energetic supervising surgeon of the Marine Hospital Service will hasten the event.

Professor Persifer Frazer, Jr., of this city, has recently written an able pamphlet on the substitution of the metric for our usual system of weights and measures; and the words with which he closes are so terse, and so much to the point, that we quote them in closing this article.

"In conclusion, let it be earnestly pressed that few of those many reforms, of which the discovery and prosecution appear to be the highest object of man's existence, would so soon reward the nations and the people adopting them as their own, by winning priceless time in the early school life of children for the more thorough preliminary preparation which seems to be now demanded by the rising standard of qualifications for entrance into our higher institutions of learning; by the increased facilities of trade; by the diminution of the amount of computation necessary to carry on business between man and man, the natural result of greater general culture; and that best kind of gaining which consists in *saving;* our people would soon bless the wisdom which had led them to accept the Metrical System, and would come to regard it as one of their most priceless legacies."

NOTES AND COMMENTS.

Therapeutical Notes.

CHLORAL IN DIPHTHERIA.

Dr. Farrini, in Tunis, as well as several Italian physicians, have used with much success, in diphtheria, a solution of chloral in glycerine.

℞. Chloral hydratis, gr.xxx–xl
Glycerinæ, ℥iv–v. M.

The dose is varied according to the age, and may be given in water, to the taste.

TURPENTINE IN WHOOPING COUGH.

Inhalations of oil of turpentine are highly recommended in whooping cough and acute laryngitis, by a Swiss physician, Dr. A. Gerth. Twenty drops are placed on a handkerchief, held to the mouth and nose and inhaled in thirty or forty deep inspirations. This is repeated thrice daily.

STRYCHNIA IN ENURESIS.

Dr. Kelp, of Oldenburg, in several obstinate cases of nocturnal incontinence of urine, has succeeded in the most satisfactory manner by administering a hypodermic injection of a solution of nitrate of strychnia. One or two injections are generally sufficient.

CAFFEINE IN CEPHALALGIA.

Citrate of caffeine, in doses of two grains every half hour until the pain ceases, is strongly advocated as an effectual remedy. Often one or two doses are quite sufficient. The only contraindication is sleeplessness, which sometimes results if it is taken in the evening. It is preferable to guarana, as being hardly ever rejected by the stomach.

The Physiological Action of Aconite.

In an article in the *Practitioner*, Dr. G. H. Mackenzie states that the physiological action of aconite on the respiratory system may thus be summarized:—

1. Its effect on the respiration is primary, and due to the direct action of the drug on the sensory fibres of the vagus, and the respiratory centre.

2. It induces a series of symptoms closely resembling those developed after section of the vagi.

3. It causes death partly by asphyxia, and partly by the variety of collapse spoken of by Brown-Sèquard as "characterized by a great diminution of breathing, produced by a peculiar influence on the central organs of respiration, the heart continuing to beat with more or less vigor."

Cause of Sudden Death in Typhoid.

In a paper on this subject, Dr. Huchard, of Paris, states the result of his inquiries to be that sudden death in typhoid fever is due to two causes united—encephalic anæmia and degeneration, or simply ischemia, or a paretic state of the cardiac muscles.

He draws the following conclusions from these theories:—

1st. To resist the degeneration or weakness of the heart by the administration of digitalis, which is a cardio-vascular tonic, and by the use of coffee, wine, or alcohol.

2d. To guard against cerebral anæmia and the tendency to bulbary ischemia, by opium and injections of morphia.

Sudden Death After Burns.

The cause of the sudden death which occasionally follows severe burns has been studied by Dr. Ponfick, (*Berliner Klin. Wochenschrift*, No. 46). He found that in such instances the red blood cells are broken and disintegrated, in large numbers, into colored particles, which, passing into the lungs, spleen and kidneys, bring about sudden pneumonic symptoms, suppression of urine and consequent uræmic poisoning, and swelling of the spleen. He believes, in such cases, transfusion would prove of service.

Action of Chloroform on the Bladder.

Dr. Reliquet, in his lately published "Lectures on Diseases of the Urinary Passages" (Paris, 1878), states that the complete action of chloroform on the sensibility of the urethra stops at the neck of the bladder, when the latter is the seat of local irritation; in the female, the action of the anæsthetic on the urethra is complete. As for the bladder, the inhalations, far from diminishing its sensibility, appear, on the contrary, to increase it, when it is the seat of some lesion; but, when healthy, the bladder dilates under its influence.

Uses of Jaborandi.

A case is reported by Dr. H. B. White, in the *Proceedings* of the King's County Medical Society, for May, where jaborandi, given in a case of puerperal convulsions, promptly reduced the anasarca, restored the functions of the kidney, and checked the convulsions. It has also been found of decided value in the dropsy following scarlatina. Pilocarpin, its alkaloid, is somewhat more certain in its effects. The latter is still dear, selling at about forty cents per grain, wholesale.

Camphor and Tobacco.

In an article in the *Practitioner*, Dr. Edward Noakes says that in cases of overdose of tobacco, as in the sickness from smoking, etc., a dose of camphor has repeatedly proved antidotal in his hands.

To Remove the Odor of Iodoform.

A writer in the *Union Medicàle* states that a solution of iodoform in ether may be applied to diseased parts, and that the coating so left is odorless.

CORRESPONDENCE.

The Selection of Medical Experts.

Ed. Med. and Surg. Reporter:—

It was with much gratification that I read Professor John J. Reese's masterly review of the subject of "Medical Expert Testimony," in the Reporter for April 20th, in which he propounded and ably answered three very important questions relative to the medical expert, viz.: (1) What are his requirements? (2) What are his privileges? (3) What should be his compensation? To complete the subject, permit me to supplement these with another question: (4) Who should select the medical expert?

The pertinence of this question becomes obvious the moment the medical expert's position is taken carefully into consideration. This position was indicated by Professor Goodell, who, in his wisdom-laden remarks to the graduating class of the University of Pennsylvania, said: "When summoned to courts of law as medical experts you will find it hard to resist an unbecoming bias toward your client." (Reporter, April 6th).

Permit me to illustrate the truthfulness of Professor Goodell's remark, and demonstrate the force of my inquiry, by a case in point. Two years ago an important will case was being tried in the District Court at Cincinnati, during the progress of which a demand was made for expert medical testimony, and contending counsel called for their respective experts. Among the physicians called by counsel for the plaintiff was one who occupies a prominent position in a regular medical college at Cincinnati, who has acquired some notoriety as an author, and who is reputedly versatile in the science of his profession. This man, with the counsel that called him, had been engaged together for some time previous to the trial in "making up" the case, adapting science and testimony, until each was made consistent with the other, and a hypothesis of insanity had been elaborated out of purely prevaricated premises. Then the doctor had been "cramming" the attorney with a batch of technicalities with which to impress the court and bewilder the jury, and the attorney had been training the doctor, in turn, how to avoid the pitfalls of the cross-examiner. Thus forearmed and in court, the doctor so warped his science as to make it available only to the plaintiff, while he either entirely evaded, or so shrouded in ambiguity as to put without the comprehension of the jury, such points as were calculated, by virtue of facts and fair science, to be of value to the opposite side; and he wound up his testimony by asserting the impossibility of "peripheral paralysis." His unfairness became so apparent, however, that he received severe censure in the court's charge to the jury. For all of this service this Æsculapian mercenary was compensated, by the counsel that employed him, in the sum of seventy-five dollars. Here we have illustrated a most "unbecoming bias;" and here we have exhibited a man who ought never to have been called as a medical expert in that case, because his association with counsel and the source of his compensation were calculated to make him prejudiced; and yet he was just the man desired by counsel for plaintiff; and it is just such a man that counsel will call whenever an opportunity affords, which shows that counsel ought not to have the privilege of selecting medical experts. This leads us to the inquiry that I started out to answer: Who, then, ought to select the medical expert?

In answering this question, I seek for a means (1), of keeping my professional brethren away from temptation; (2), of getting them on the witness stand unbiased; and (3), of arousing their interest in the scientific questions involved.

The first and second of these desirable objects can be attained only, with difficulty, when the expert has been selected and compensated by either of the parties to the suit; and the third object will be attained, but with like difficulty, when there is no prospect of compensation at all.

In this state of affairs, I suggest that all medical experts shall be selected by the court; and in jury cases, the selection shall be made by the court, at the instance of the jury; that the expert thus selected shall be compensated out of the public treasury; that the expense thus incurred by the public treasury shall be charged up in the bill of costs.

I will not now discuss this proposition, but hope that gentlemen of the profession will think it worth their while so to do. I have a particular desire to hear from Professor Reese on this subject, through the columns of the Reporter.

With an encouraging, "well done, good and faithful servant," to my friend Dr. A. B. Buchman and his colleague, Dr. Thomas J. Dill, of Indiana, I subscribe myself, Chas. Reed, m.d.

Fidelity, Ill., May 15th, 1878.

Carbuncle Treated with Carbolic Acid.

Ed. Med. and Surg. Reporter.

On Saturday, May 4th, I received my Medical Reporter, No. 18, and read an article in it on the Treatment of Carbuncle, by Dr. George D. Crosthwaite, of Florence station, Tenn., and on the next night (Sunday) I was requested to visit a gentleman suffering from a boil on the neck.

D. L., aged sixty-one; constitution good, and fair health. I found him suffering severely from a large, angry-looking carbuncle, over two inches in diameter, with extensive surrounding inflammation, seated on the back of his neck; he said that "it had pained him for a week; that he had not slept any for three nights, and the only ease he could get was by sitting on a chair and resting his forehead on a table; that he had chills, was feverish, and sick at stomach." I directed the application of a bread and milk poultice, and gave him an opiate, which soon made him more comfortable.

Monday, 6th. I ordered a poultice of ground flaxseed, bread and milk, to be repeated every four or five hours, and always, before applying the poultice, to bathe the sore well with carbolic acid and water, one to twenty. No other treatment was used, except giving him one dose of compound cathartic pills.

Within two weeks his carbuncle was well, and he had no pain at any time, from the day of the first application of the acid and poultice. The plan of treatment, with thanks to Dr. Crosthwaite, was entirely satisfactory to me. I, however, venture the opinion that if I was called to a case in its incipiency I would first apply a blister, and then follow it up with the acid treatment. WILLIAM S. ROLAND.

York, Pa., May 23d, 1878.

Mechanical Support in the Treatment of Mammary Inflammations.

ED. MED. AND SURG. REPORTER :—

Experience has brought to my notice the necessity of mechanical support in the treatment of mammary inflammations. This may seem like a trivial suggestion, but when we look at the immense suffering the patient is compelled to undergo until the gland has recovered, either by resolution or abscess, the attending physician feels like doing something more than suggesting liniments, ointments or poultices for the better and more permanent relief of the patient. It has been my practice to cap the breast; this can be done readily by muslin and silicate of soda. I estimate the size of the breast, then, over a rounding block, or in some hollow vessel, I lay layers of muslin wet with the soda solution, three or four layers deep, then let dry, trim the edges and bind with muslin, cut bias, wet with soda solution, then coat the cap with the solution again, let dry and the cap is ready for use. This makes an efficient means for applying ointments or poultices, and gives firm support to the parts. In my hands it has been the means of giving great relief to the sufferer as well as a protection against any and all external injuries that are so liable to happen, causing much irritation and increasing the suffering, and retards the recovery. E. H. COOVER, M.D.

Harrisburg, Pa.

Active Competition.

We are in favor of active competition in the profession, but there is such a thing as carrying it too far; as witness this occurrence in Randolph, Wis., which we note in the daily papers:—Dr. Bliss was an old and established physician in Randolph. Dr. Willis was young, and just struggling into practice. One night Bliss was taken violently ill after drinking some water, and it was found that several pounds of strychnine had been put into the well. Willis is now accused of attempting to get rid of Bliss and go it alone.

NEWS AND MISCELLANY.

Texas State Medical Association.

The Tenth Annual Session commenced in San Antonio, Texas, April 2d, 1878. Dr. W. D. Kelley, of Galveston, President, in the chair. Dr. W. A. East, of Hallettsville, Secretary. The welcoming address was delivered by Dr. F. Herff, of San Antonio. President of the Western Texas Medical Association.

This was the first meeting of the Association ever held west of the Colorado river. The attendance was not as full as that held last year in Galveston.

The afternoon of the first day, Dr. A. R. Kilpatrick, of Navasota, Texas, read a lengthy report on Public Hygiene and State Medicine, of which section he is Chairman. It embraced data collected from all parts of the State.

SECOND DAY.

Dr. T. J. Heard, of Galveston, read the report on Materia Medica and Physiology. Dr. T. D. Wooten, of Austin, read the report on Surgery and Anatomy. Dr. B. E. Hadra, of Galveston, read a report on Hepatic Dysentery. Dr. George Cupples, of San Antonio, presented the report for the Section on Surgery, contained in forty-eight folio sheets, showing very favorably for the skill and success, in this department, of the physicians of the State.

Resolutions were adopted to petition Congress for the removal of the duty on quinine; to petition the State Legislature to establish a State Board of Health; to urge upon our members of Congress the passage of a "Bill to prevent the introduction of infectious diseases into the United States," and to establish a national quarantine system; another urging upon physicians throughout the State to correspond with, and report to, the Committee on Climatology and Epidemics.

On Thursday night Dr. W. D. Kelley, on resigning his chair to his successor, delivered a popular address to a very crowded auditory of ladies and gentlemen, on general advances in medical science and profession; and Dr. T. D. Manning, of Austin, read an essay on The Physician.

Dr. George Cupples, of San Antonio, was elected President for the next term, and Drs. R. W. White, of Waco, first Vice President; W. E. Sanders, of Sherman, second Vice President; and J. T. Field, of Port Worth, third Vice President.

There were many interesting papers read, and discussions on different topics.

On Friday night the members, in a body, enjoyed the hospitalities of the ladies and members of the profession in the city, displayed in a bountiful supper at the Mauger Hotel, where many speeches were made and much festive hilarity prevailed.

The next meeting will be at Sherman, Grayson Co., Texas, on the first Tuesday of April, 1879.

West Virginia State Medical Society.

This Society met at Weston, May 22d. Papers were read by Dr. M. S. Hall, on State Medicine; Dr. M. R. Boyd, on a case of extra-uterine pregnancy; Dr. H. M. Gamble, on medical botany; Dr. A. H. Kunst, on puerperal insanity; Dr. F. B. Camden, on psychological medicine; Dr. A. G. Reged, on fracture of the femur, and others.

The following gentlemen were elected officers for the ensuing year:—

President, W. H. Sharp, M.D., Volcano; first Vice President, A. H. Krunch, M.D., Weston; second Vice President, W. L. Grant, M.D., Grafton; third Vice President, John Gregg, Quiet Dell; Secretary, M. F. Hullihen, Wheeling; Treasurer, J. C. Hupp, Wheeling; Censors, L. C. Hunt, E. A. Hildreth, H. W. Brock, Wm. Frey. J. M. Dazzell, J. W. McSherry, J. O. Wall.

Dr. E. A. Hildreth, of Wheeling, was appointed chairman of the Committee on Medical Botany, to report at the next meeting.

The next place of meeting is at Martinsburg, the time to be fixed hereafter.

The Paris School of Medicine.

The many American physicians who have visited Paris will be interested to learn that the School of Medicine is undergoing complete transformation. It is to be considerably enlarged, to about three times its present size, and it is to have a new front, monumental of its kind, facing the Boulevard Saint Germain, also recently opened. The houses around the old building have all been pulled down, so that it will be completely isolated. The Ecole Pratique also is to be considerably enlarged and improved. The cost is estimated at 4,000,000 francs (£160,000), and the buildings are to be completed in three years.

Obituary Notes.

—Dr. R. P. Grayson and his wife were both murdered in Anderson county, Texas, May 23d, by a band of desperadoes. The Doctor had fifty-two bullet holes in his body, and the room and house were pierced with 170 bullet holes. His offense had been bailing some negroes who had been arrested for theft. Seven of the murderers are in jail. Will they be properly punished? Not unless Judge Lynch does it.

—Dr. Jacob Hittell, of Lebanon, Pa., died May 22d, aged eighty years. He first practiced in Annville, whence he moved to Jonestown, where he pursued his calling for several years. Leaving that place, he went to Marietta, Lancaster county, and also practiced medicine there. Leaving that place he moved to Hamilton, Ohio, but while always acting as a physician, at this point in his career he began to speculate in land, in which, at the time of his death, he commanded immense interests, having large possessions in Ohio, Indiana, Illinois, and Kansas. He left a large estate.

Typhus in the East.

Nearly one-third of the weekly deaths in St. Petersburg, in April, were attributed to typhus. Separate hospitals for the fever have been organized. Nevertheless the London *Times'* correspondent at Bucharest, under date the 20th April, reports:—"I am assured by Baron Mundy, of the Red Cross Society in Turkey, that he finds, after an inspection of all the Turkish hospitals in Russia and Roumania, there is no typhus epidemic in any of these hospitals or in the towns where they are placed, and that the scare on the typhus question has at present no foundation in fact. Many sensational reports have been circulated about the prevalence of typhus in the Russian armies and among the Turkish prisoners." Other accounts say that in and around Erzeroum nearly 25,000 deaths from disease have occurred in the army.

Items.

—An enterprising physician in Ellsworth, Kansas, has his professional card painted on the drop curtain of the theatre in that place. The next drop he gets should be from his professional brethren.

—London papers state that a shop for the sale of horse, donkey, and mule flesh, as food, was opened in Castle street, Leicester square, last month. Sides of horse, donkey, and mule, certified by a veterinary surgeon's certificate to be those of healthy animals, are hung round the shop, beside sausages and sausage meat. The price of the joints range from 2d. to 6d. per lb.

MARRIED.

CURTIS—COIT.—On Thursday, May 9th, 1878, at the residence of the bride's mother, Clifton Hill, Annandale, N. J., by the Rev. Francis H. Bushnell, Margaret Johnston, daughter of the late Benjamin B. Coit, M.D., and Walter G. Curtis, M.D., of Smithville, N. C.

MASTIN—FERRY.—May 8th, 1878, at the residence of the bride's parents, by the Rev. J. V. Lowell, M.D., N. W. Mastin, M.D., and Miss Helen A., youngest daughter of Chas. D. Ferry, Esq. All of East Charleston, Pa.

SMITH—ROOT.—On Thursday, April 18th, 1878, by Rev. J. S. Hughes, Pastor of the Sixteenth Street M. E. Church, at the residence of the bride's parents, S. W. Smith, M.D., of Minneapolis, Mo., and Miss Ida E. Root, of Philadelphia.

WATKINS—DOREMUS.—At Presbyterian Church, Montclair, N. J., Tuesday, May 14th, 1878, by Rev. B. W. Yarrington, assisted by Rev. J. R. Berry, D.D., Dr. S. C. G. Watkins and Miss Mary Yarrington, daughter of Philip Doremus Esq., both of Montclair.

DEATHS.

SHOLL.—In Gainesville, Ala., May 11th, 1878, of entero-colitis, Emma Raymond, only daughter of Dr. E. H. and Mrs. E. R. Sholl, aged twenty months, less one week.

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DR. E. R. DOUGLASS."

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Smithsonian Institute

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DEC 27 1878

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Week Ending June 8, 1878.

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1111.] PHILADELPHIA, JUNE 15, 1878. [VOL. XXXVIII.—No. 24.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SOME CONSIDERATIONS IN REGARD TO THE CAUSES OF CHOLERA INFANTUM.

Read before the Philadelphia County Medical Society, March 13th, 1878.

BY WILLIAM S. STEWART, A.M., M.D.

We will first refer to the mortality of children, as reported by our Board of Health, and will select for our standard, Philadelphia during 1875. The deaths of children under ten years amounted to 8305, or 46.62 per cent. of the total mortality; the largest number occurring under one year being 4029, or 22.62 per cent.; of these, nine hundred and ninety-two were of cholera infantum.

I have many times felt thankful that it was my very good fortune to be born and raised in the ambrosial atmosphere of a country home, where I could play the part of a Tityrus, *sub tegmine fagi*, in concording harmony, and adding much discord, too, to the resounding woody muse. But it does not appear to be the fate of all, nor the desire of many, to enjoy such rustic felicity.

It is to those who are gregarious in their nature, and give evidence of the evil effects of such life on their offspring, that I wish to lend my sympathy, if possible, in pointing out and considering some of the causes of that most direful of diseases, cholera infantum.

This disease prevails among children under two years, and is characterized by evidence of pain, jactitation, vomiting, purging, thin, and as the mothers express it, scalding stools, great thirst, sudden prostration, and if not promptly checked there will be rapid emaciation of the whole body.

It prevails most during the hot months, and increases by an increase of temperature, and vice versa decreases. It is a disease which is peculiar to cities, and is scarcely known in the country in that form, as is evidenced from the fact that the best sanitary measure is to remove the victim to the country as early as possible.

There are many causes in connection with city life which operate against the health and thrift of children, and produce the disease above named. The intense heat of the sun, with its reflection from brick walls and pavements, supplemented by the heat from the kitchen fire, frequently in an ill-ventilated room, which perhaps is the only room for a family of half a dozen children to occupy. There may be a small yard, not larger than the law requires, which, even if kept tidy, contains a privy emitting a stench of sulphuretted hydrogen gas, and a slop pail fermenting with vegetable refuse; the former not having a flue connected with the kitchen chimney, to carry away and destroy the poisonous odor (which, by the way, ought to be compelled by law), and the latter not carefully covered with a tight-fitting lid, to prevent the formation and escape of its gaseous fermentations. Outside of this we have the contamination from fat melting, tallow chandlers, dying establishments, slaughter houses, soap factories, oyster shell kilns, chemical laboratories, the manufactories of poudrette, and the various and numerous other establishments causing offensive effluvia, which should not be permitted within certain limits of a thickly populated city.

Last, but not least, is the awful stench that at times arises from illy constructed sewers, and I am glad to know it is a subject which has of late been awakening a deep interest among the scientific.

I presume the greatest problem to-day, in our large cities, is to know how to get rid of the sewerage without its poisonous exhalations contaminating the atmosphere we breathe, and acting as a germinator of pestilential disease. I take the liberty of referring to a pretty full and clear discussion of this subject, by Colonel George E. Waring, of Newport, in the Hall of the College of Physicians, on the evenings of the 16th and 18th of February, and also a valuable paper on the same subject, by Rudolph Hering, delivered before the Engineers' Club of this city. While referring to this subject, I would like to add a suggestion which, it seems to me, is practical and decidedly essential.

It has been agreed by scientists that all sewers should be thoroughly ventilated, in order that the organic matter which they contain should be freely supplied with oxygen. I would have this supply of fresh atmospheric air pass into and through the sewers in the direction of the outlet, and, if possible, avoid the admixture even of such circulation with the air we breathe, which must still be, of necessity, very noxious and deteriorating to the thrift and health of the inhabitants of a crowded city.

This, I think, is practicable, if our engineers should take into consideration the course and directions of our sewers, that their outlets should be most favorable for our prevailing atmospheric currents. Where this is not feasible alone, might not the establishing of a sufficiently large and properly constructed furnace at the mouth of the main sewer be made, on such a plan as to derive its needed supply of air from the sewer alone, and thus produce a suction in that direction, and effect, at the same time, a consummation of the foul gases that may be in the process of formation.

An objection may be urged against the necessary expense of keeping up such a process, but if it is true, as it undoubtedly seems to be, that some diseases, such as typhoid fever and diphtheria, are contracted from the foul emanations from sewers, even under the disinfecting influences of the frosts of winter, still, how much more compromising may it be, during our hottest months, to the health of our little ones, who are needing the pure elements of the atmosphere to sustain their vitality during their early development and the painful ordeal of teething, to breathe and imbibe in their systems the product of such organic decomposition.

Does not their early alarming mortality suggest that, no matter what the cost, every remedy should be resorted to to ameliorate their suffering, and avert, as much as possible, the cause of disease.

Diet.—The food may be an aggravating cause of this disease. If the child is nursed by its mother, as should be the case when it is possible, even then there are times when the mother's milk would appear to be poison to the child, perhaps from worriment, or over heated by hard labor, or, it may be, from too much sexual intercourse. There is often too much indulgence in crowding into the stomach solid food before the little infant may be able to masticate, or its stomach prepared to digest it, and that may include all kinds o ripe or unripe fruits, and vegetables, raw or cooked, which I have frequently witnessed.

Foul, filthy nursing bottles are a cause o cholera infantum. Too much cannot be said in condemnation of the bottle containing a long gum hose, for the accommodation of lazy nurse or indolent mothers. It is impossible to keep them clean, and besides the time that ought t be spent in attempting to clean them would b ample for the holding the bottle with th nipple to the child's mouth. I have known te children in one hospital die of cholera infantum, who were fed through those bottles and I do not know how many more besides but these came under my observation in on room, where they were made the subjects o my earnest protestations against the manne they were fed. I think there should be a law preventing such bottles being made or sold.

The character of the milk which is fed t children is of great importance. Not only is i essential that the bottle should be kept clean the milk kept fresh and pure, and in a cool place before using, but also that it b obtained from healthy cows. Recent investigation has proved that cows which are put u in close, ill-ventilated stables, and fed on swill as nearly all are in and about a city, very soon contract tubercular disease, which is communicable through the milk, and produce in children diarrhœa, cholera infantum, marasmus, etc., from a cause which perhaps had not been suspected.

Drinking an unlimited amount of hydrant water is a provoking cause of this disease, as all river water is more or less contaminated with animal and fish decay. The banks of our river cannot be too carefully guarded against the contaminating and the defiling of its water, which is polluted in many ways too numerous here to mention. Would it not be wise, after using every feasible precaution to preserve our streams from contamination, that the water should be filtered in the basins of our waterworks, by percolating it through a sufficient number of brick partitions, until at least every insoluble impurity is strained out?

Teething may be considered a concomitant cause of cholera infantum, as it is during dentition that it occurs; undoubtedly the one is a great aggravation to the other. To what extent, if at all, dentition may be a cause of this disease, authors seem to take little interest, and appear to think that at this age there is such great functional activity, and rapid development of the intestinal follicles, and a peculiar liability to the disease, as would be a sufficient cause, rather than dentition. It has been, in theory, to me, one of the chief causes of the disease. In teething we have, as one of the first symptoms, an excitement of the buccal and salivary glands of the mouth, stimulating to a constant overflow of their secretions, which, undoubtedly, are somewhat modified, in their being more acid in their constituency, from the alkaline qualities being wholly taken up in supplying the demands of the system in advancing the developing of the teeth. This evinces the truth that, in the diarrhœa from teething, the alkaline treatment is the most effective, and also suggests that mothers should give their children aqua calcis when they observe a superabundance of saliva running out of the child's mouth, which I believe would help supply the demands of the system, and avert many attacks of this disease.

Management.—Much depends upon the manner a child is cared for, in the prevention of this disease. Good nursing seems to be the exception to the rule, and there is a demand for reform in all its branches. I think it can only be reached by establishing a dietetic chair in all the medical schools, with a thorough course of instruction to the candidate for medical degrees, both in cooking and preparing delicacies for the sick, also a thorough training in the whole management of nursing, so that there may be developed a highly intelligent and thoroughly practical knowledge in this most important department. It is attention to the entire management of nursing that is the secret of success to the homœopathist, which, I am sorry to say, is credited, through ignorance, to his infinitesimal dose. We must first become educated, and then educate others, in order that the shades of superstition shall be dispelled by the light of knowledge and sound reason. It is painful to witness the ignorance of parents who are obliged to take the whole management of their children, and are deficient in judgment, taste or ability for their task. This subject implies so much, that a volume might be written on it alone, as in it rests the entire responsibility of the health and development of their children.

Constitutional Tendency.—It may seem strange that we should take into consideration such a remote cause. Although my subject does not include all the diseases that would come under this head, still I hope I may be pardoned if I should digress somewhat in my attempts to investigate this most delicate, and yet, of necessity, most important, of all subjects.

When we refer to the statistics given in the beginning of this paper, that almost one-half of the mortality of Philadelphia—and that is the comparative proportion in all large cities over the world—is of children under ten years, and nearly one-fourth are under two years; does it not behoove us to make diligent inquiry as to the cause of such early fatality? May it be possible that much of the fatality from the diseases common and peculiar to childhood alone, such as pertussis, rubeola and scarlatina, are in a great measure due to the fact that the victims were subjects of some constitutional disorder? We know that children born from parents either of whom have had syphilis are seldom permitted to come to full time, and then are frequently dead born, and this may be repeated a number of times successively, until at length, either by specific medication or some other elimination of the disease by transmission to the victim, the mother at last brings forth a living child, perhaps to live a few months and die of cholera infantum, which, in itself, would be consoling respectability to the parents.

There is another growing vice to which I feel bound to refer. It is the disposition on the part of many to prevent conception. They feel it is a disgrace if a child should be born to them within the allotted time after they are married, and are guilty of abusing the connubial couch by wasting their creative powers in the partial performance of the sexual act. Such debasing conduct, in its moral aspect alone, I conceive, would cause sufficient misery and disgust to lead not only to unhappiness, but contempt for one another, and would naturally result in separation and divorce. Others beguile themselves in this indulgence until they have plenty of wealth to enable them to rear a family. Wealth, fashion and show is their divinity. The result is, that by the time the vast majority of men have accumulated the coveted treasure they have wasted their vigor of manhood, and their bodily energies are so expended that their offspring are puny and delicate, and early become the victims of disease, frequently falling a prey to cholera infantum, as an evidence of the infliction of the penalty, "I will visit the iniquities of the fathers upon the children."

31 *North Seventeenth street.*

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF JOHN H. BRINTON, M.D., MAY 29TH, 1878.

Reported for the MEDICAL AND SURGICAL REPORTER.

Cheiloplasty.

GENTLEMEN—The first case I shall bring before you is this little girl, six years of age, upon whom, five weeks ago, I performed a cheiloplastic operation, the formation of an entire upper lip. The original lip, you may remember, had been destroyed by sloughing following an attack of small-pox. Not only had the lip been destroyed, but also those parts of the superior maxillary bones which rest behind it and form its support. These had become necrosed, and came away in part, and were in part removed by Dr. Lamb, who had charge of the case at the time, and who has brought the child to this clinic for such help as surgery may give her. The operation I performed before you with the excellent advice and assistance of my colleague, Dr. Levis. I explained it to you at the time. You will recollect that large flaps were turned in from the cheeks, involving their entire thickness through into the mouth; that on the left side being the larger. These flaps were then united in the middle line by hare-lip pins, an the incisions on the cheeks were closed in th same manner, great care being taken to preserv the angle of the mouth.

You here see the result. The new upper li is firm and strong, and all the incisions mad by the operation have united. The succes in this case is satisfactory, beyond my expectations; indeed, it is almost an exceptiona result, so far. You will notice that there is little contraction of the newly placed tissues with some narrowing of the mouth; this is ur avoidable, and not to be wondered at when yo reflect that all bony support is absent at th centre, owing to the deficiency of the maxillar bones. This contraction has occurred in spit of the very large size of the flaps. Where suc large cicatrices are present, you must expec contraction, and you must remember that if yo hope to attain success in plastic operations yo must reach it by cutting large flaps and by fre incisions.

Can I remedy this contraction? Yes, but nc at this moment. I must wait until the cor tracting influence shall have spent itself, as i were, and until the new tissues shall have be come old and solid. I shall then free the part beneath, and perhaps do something more. I the meantime the parents of the child must b content, as, indeed, they are, with what has bee already accomplished, and in the future I sha endeavor to perfect the result.

Urethral Fever.

Our next patient is a man, aged about thirty five, whom I brought before you last Thursda suffering from retention of urine, produced b the presence of several urethral strictures, on about two inches from the meatus, and one or tw lower down, at the membranous portion of th canal. His history was as follows: He ha suffered from these strictures for nearl two years, the result of a gonorrhœa. La summer he was treated by the Professor o Surgery in this School, and his strictures wer carefully and fully dilated; since that time h did well until quite recently, when, from har work, exposure, and possibly imprudence, h symptoms returned with great severity, an when you saw him last he had not passed an urine for twenty-four hours, and was in grea agony and distress. You will recall to min the trouble I experienced in reaching th bladder, dependent upon the presence of thre strictures and a false passage, the result, possibly, of recent attempts at catheterization. succeeded, however, in drawing off his wate but his ability to void his urine naturally ha returned slowly, and on the following mornin I was again obliged to pass the instrumen which I did, under ether.

The operations were followed by great irritation, the occurrence of a slight chill, and b profuse sweating and prostration. In fact, h suffered from a well marked attack of urethra fever, an affection concerning which I desir now to say to you a few words. If you ever d much urethral surgery, you will be sure to meet with this complication, and, if I am not greatly mistaken, you will, at times, experience a good deal of anxiety of mind when face to face with so severe and treacherous a malady.

Urethral fever is a peculiar irritative and febrile state of the system, following and dependent upon surgical manipulation with the urethra. Curiously enough the grade of this fever does not seem to bear any fixed proportion to the amount of surgical interference. It may be present in a severe, and even fatal, form, after the simple introduction of a catheter, or it may occur after serious operations. You can predicate nothing as to its development, either as to frequency or grade. It is simply one of the risks of urethral surgery; its factors are unknown. To give you an idea of its prevalence after manipulative and operative interference, I may state, that out of fifty-eight cases which I have carefully noted, of severe operation in the urethra; cases of rapid dilatation of stricture, rupture or divulsion, internal urethrotomy and external incision; urethral fever, of varying degree, was present in twenty-four instances. In three of these, fatal consequences ensued shortly after the inception of the fever. I should state, however, that the operations on these patients were imperative and severe. In three or four other cases death followed at a remote period, from ten to one hundred days; but these deaths were scarcely chargable to the fever, but rather to the urethral lesions, local inflammations, prostatic abscesses, and vesical and renal complications. I have, so far, never had a death ensue from simple processes, such as the introduction of a catheter or sound, although I have encountered urethral fever of a high grade occasionally.

One fact in this connection I have noticed, and I believe it is an important one, namely, that where an opening exists in the perineum, as in perineal fistula; urethral fever, even if it occurs, is not fraught with such dangerous consequences as where no fistula exists. The same remark, I believe, applies to the operation of external urethrotomy, perineal section.

As to the condition or constitution of the patient which is most favorable or unfavorable to the occurrence of the fever, I can scarcely form an opinion. I have seen it occur in robust, and fail to appear in feeble or cachectic conditions; I have found it present in the young, and absent in the aged. As I have already said, this affection is an accident, hardly to be prevented by the greatest forethought, appearing often when least looked for, and absent when most dreaded.

Starting, then, with the knowledge that urethral fever may follow any, even the slightest, surgical interference with the urethra, let us glance at the symptoms of the affection. The earliest of these is the *chill*. This may appear in the course of six, eight, or ten hours, or even less, after the surgical manipulation, or it may not be present until the second or third day. Some surgeons have thought that it follows or accompanies the first passage of urine along the canal, but of this I am by no means convinced. It may sometimes do so, but not necessarily. When it does, it is, I imagine, a coincidence rather than a consequence.

The beginning of the chill is commonly characterized by a cold, creepy sensation in the back and loins, in severe cases rapidly passing into a pronounced shake and rigor, accompanied by chattering of the teeth, muscular tremor, and a shrinking together, as it were, of the whole body, much as we see in the chill of an intermittent. It is often a very intense chill, not to be checked by local or general warmth, blankets or bed clothes. Mentally, it is a demoralizing chill. It generally lasts from a quarter to three quarters of an hour, and occasionally is accompanied, and frequently followed, by nausea and vomiting. The pulse is quickened, running from 100 to 120 in the minute. The surface of the body is pale and cold, and the extremities are pinched. Sometimes the patient may have a slight creep two or three hours after the operation, which may disappear, and be followed, at a greater or less interval, by the more marked paroxysm I have described. These chills may come on during waking hours, or may develop and rouse the patient, as I have often observed, from a sound sleep. Very frequently I have noticed them to occur in the early gray morning hours.

When the chill has passed away, the stage of *fever* follows. The skin is hot and dry, the pulse full, the face flushed, and the tongue parched. But in a very little while the stage of *sweating* so characteristic of this urethral irritation sets in. The perspiration becomes profuse, the patient is bathed in moisture, great drops stand on his face, and his clothes and bed covering become saturated. In this state he may remain for hours, and, indeed, for days, despite the surgeon's best efforts to check it. Sometimes the sweating may abate a little, or even cease for a short interval, and again return in full violence. This is most apt to happen on the second day.

The pulse, during the sweating stage, is often very quick, 130 or 140; the urine, as you would suppose, is scanty and high colored, and there is marked insomnia. The tongue is furred, at first whitish, and later of a dark brown color. The thirst is intense; the patient craves cold and acid drinks; when he sleeps he is often tormented by fantastic dreams. One of the most decided and distressing symptoms in this stage is the irritability of the stomach. The man loathes food, and should he force it down, he cannot retain it upon his stomach.

From what I have just said, you can readily understand how grave a trouble urethral fever is, and how difficult it may be to manage it. Now and then patients die from its effects; from exhaustion, shock, or at a later period from metastatic influences.

Now, gentlemen, let us ask ourselves whether we can do anything to prevent the occurrence of this dreaded affection. As surgeons, we must operate on the urethra, but can we not so conduct our operations as, in some degree, to lessen, if we cannot prevent, the risk of its appearance. I think we can, and I ask here your most serious attention to what I have to say.

In the first place, before operating on the urethra, fortify your patient's constitution as much as you can. If you have time, give him eight or ten grains of quinine the day before the operation, and the same amount on the morning before operating. Let him also have a little stimulus, whisky, rather than brandy, before you touch him. Then, too, during operation, guard him from the effects of draughts of air, and from exposure to the cold. I am sure you must have noticed how particular I am in this respect; how carefully I cover him; wrapping each leg separately in a single blanket, and seeing that his body and chest are also blanketed. Too much watchfulness cannot be exerted in this direction; for the want of it, I know that I have seen bad consequences follow; remember this.

When the operation is finished, do not relax your attention. Relieve the bladder before the patient shall have emerged from the anæsthetic condition, and then have him wrapped in a dry blanket, first having removed any wet clothing. Put him to bed, well covered, and then, when he becomes conscious, give him a full dose of opium. I prefer opium, old opium which has been kept some time, to morphia, and usually order a grain of opium at once, with a little quinine, to be repeated in smaller doses during the day, watchfully noting the effects, and giving him only what is necessary to ensure rest and sleep. I rarely, save in exceptional cases, leave a catheter in the bladder, and then, preferably, a soft and polished rubber one, rather than a metallic instrument. I am very apt, as you know, to order a soft, hot flaxseed poultice above the pubis, held on by a flannel binder, and direct it to be changed every four or five hours. I am certain that this helps to prevent vesical irritability, which once occurring, may be the source of much after mischief. I like, too, a bag of hot salt in the perineum, if I anticipate much irritability. Suppose, now, that, despite all you have done, the chill comes on; what then? Stimulate the patient freely, at the very first suspicion of its advent. Apply hot water bottles, dry warmth, and prepare yourself to meet the second stage, the period of sweating.

Here, again, you may continue your opium and quinine, although in diminished quantities; just enough of the former to quiet; too much opium and quinine, I have sometimes thought, aggravates the perspiration. A favorite remedy with me is sponging with a tepid solution of alum, two or three drachms to the pint, sponging the surface without uncovering the patient, and following the sponge with a drying towel. As I have said, the prominent symptoms are the gastric irritability, the indisposition for food, and the nausea and vomiting. Here let me beg of you to remember this one injunction, even if you forget everything else I have said to you this morning: do not worry your patient with solid food; he loathes it, and if he should force it down he will reject it; beef tea is almost as objectionable. Be satisfied with a simpler diet; give him milk, or milk and lime water; three pints of milk in the course of the twenty-four hours will be sufficient, and I have carried many a poor fellow through on two pints a day. Then let him have water to drink, for he is being drained of fluid; and ask him if he would like a little lemonade. You will be astonished to find how he will crave it; how his eyes will brighten at its mention. If he is weak, give him milk punch; perhaps it is better in almost all cases to give a little; no matter how irritable the stomach may be, you will usually find that milk, iced or not, to the patient's fancy, and given in small quantities, repeated often, will eventually be retained, and then, indeed, your patient will be on his way to convalescence. Instead of lemonade, carbonic acid water alone, or mixed with lemonade, or iced champagne, may often prove very grateful to the sufferer.

You will read in the books a great deal concerning the administration of the muriated tincture of iron, especially in the sweating stage. To tell you the truth, I do not like it; I have rarely seen it result in good; I am sure that it aggravates the nausea, and, in fact, I believe it is a bar, rather than an assistance, to your patient's recovery. Perhaps I may err in this matter, but my convictions are very decided thereon, and I have ceased, of late years, to use this remedy in urethral fever. I am satisfied that the surgeon should direct his entire effort to allaying the gastric irritability, to proper dietetic support, and to the mental and physical rest to be arrived at by opiates. One word more, before I leave the subject, and that I desire to say most emphatically; do not attempt any instrumentation that can possibly be avoided, during an attack of urethral fever. If you do, you only add fuel to a fire which is raging fiercely enough, and you will probably injure, if you do not kill, your patient. Defer all manipulative processes until the chills, the fever, and the sweat shall have passed away, and until your patient shall have become positively convalescent. Even then, be very careful what you do, lest you reproduce the former condition of affairs, and throw your patient back into the slough of despond from which he has, with such difficulty, dragged himself.

The man before you has passed through a march of this disease, much as I have described it to you. He has been very sick, but has recovered; and it is on his case and his experiences that I have particularly based the remarks I have made to you this morning. * *

—Under the direction of the Commissioner of Agriculture, a valuable Report upon Forestry has been prepared by Dr. Franklin B. Hough, and issued from the Government Printing Office at Washington.

MEDICAL SOCIETIES.

AMERICAN MEDICAL ASSOCIATION.

BUFFALO, TUESDAY, June 4th, 1878.

The opening session of the twenty-ninth annual meeting of the American Medical Association was held this morning, at St. James' Hall. The main floor of the hall was comfortably filled by eleven o'clock. The meeting, when in session, constituted a very distinguished-looking body of men.

The Association was called to order at 11 A.M., by the President, Dr. T. G. Richardson, of New Orleans. Among those who occupied the stage were the Vice Presidents, and the Secretaries. After the session had been called to order, prayer was offered by the Rev. L. Van Bokkelen, D. D., rector of Trinity Church. Then came the address of welcome, by Dr. Thomas F. Rochester, of Buffalo.

The Secretary then presented the report of the Committee of Arrangements on the credentials of members. He read the list of 330 names from the Registry book, and the report was adopted.

The Secretary announced that he had received charges against various medical societies, and some applicants for admission to membership, and the same were, on motion, referred to the Judicial Council.

The Committee of Arrangements presented a report recommending the reception of all the members of the Erie County Medical Society not represented, and the following distinguished persons, by invitation:—

George W. Stoner, M.D., United States Marine Hospital Service.

F. Lange, M.D., Kiel, Germany.

Edward Hutchinson, M.D., of Utica, N. Y.

They also presented for election as permanent members, the following:—

George I. Northrup, M.D., of Marquette, Mich.

Stanford E. Chaille, M.D, of New Orleans, La.

L. G. Thacker, M.D., of Defiance, O.

The Secretary next read the following cablegram from Paris:—

"President American Medical Association—May your meeting be harmonious, and contribute more than ever to the advancement of medicine. Truly sorry I cannot be with you.

"MARION SIMS."

The Chairman of the Committee of Arrangements made some announcements for the future proceedings and the programme of entertainments, after which Prof. James P. White introduced the President, T. G. Richardson, M.D., of Louisiana, who delivered his annual address, as follows:—

PRESIDENT RICHARDSON'S ADDRESS.

GENTLEMEN: However skeptical a large majority of the medical profession of the United States may have been thirty years ago in regard to the vitality possessed by this Association, then in the first year of feeble infancy, its subsequent wonderful growth has dispelled every doubt, and its present great power for good is recognized by all. The vast benefits which it has wrought, in uniting the interests of the profession in all the different sections of the country; the encouragement which it has given to a higher culture; the valuable contributions which it has made to some departments of medicine, and the dignified position which it has gained in the eyes of the whole nation, have been so often descanted upon by my predecessors, that it may seem somewhat trite and unprofitable to refer to them again; and yet, there is one point which deserves to be brought to your attention anew.

On Medical Education, he observed—

This revolution which is taking place in the minds of medical teachers is, I am inclined to believe, almost entirely due to the public professional opinion which has been originated by the frequent discussions before this body. It is in the creating and directing of professional sentiment that the great power of the Association lies; and I trust, therefore, that, however wearisome this subject may have become to many of you, its agitation may not cease, as it is only in this way that the current of reformation can be kept in motion. We have just now found out that the plan which we formerly pursued, of making war directly upon the medical colleges, endeavoring to compel them to conform their practices to our theories, or else surrender the prerogatives to which they have been so long accustomed, was altogether a mistake, and probably deserved the partial defeat which it encountered. Indeed, I am not quite sure but that the many and severe blows which these institutions received at our hands served rather to compact them together, and thus to increase their power of resistance. It is a well-established fact that the walls of old Fort Sumter were by no means impregnable until they had been battered for weeks by the guns of the United States Navy, and not until a successful diversion was made against the forces on the main land were its casemates abandoned. In like manner, it is only by capturing the grand army of the profession throughout the country, from which the colleges derive their material and moral support, that we can reasonably hope to bring these institutions to terms.

It is by enlightening the mind of the professional public; by developing in those who have passed the novitiate of their studies a desire for something higher and better than can be supplied by the old system; and by awakening in the ranks of the profession a knowledge of the power which they can exert by combination and concert, that we can bring about that change in the requirements for graduation which we all so ardently wish. Let us, then, use our utmost endeavors to cultivate a spirit of scientific inquiry in the minds, not only of physicians, but also of the public generally, to arouse the ambition of our routine brethren; to stimulate in the scattered practitioners of the country a sense of their equal responsibility with those of the cities, in carrying on the work of progress, and to open up avenues of knowledge to all who may desire to excel. Unless we succeed in elevating the tone and sentiment of the masses of the profession, and enlightening, at the same time, the people in regard to the absolute necessity of protracted study and clinical observation, in every one claiming their confidence in his ability to treat disease, we have no right to expect support in our efforts to advance medical teaching, and to raise the grade of requirement for the doctorate.

As a means of accomplishing all this it is necessary that there should be a more thorough organization of state, county and district societies, and I would therefore suggest to the Association the adoption of some uniform plan by which the sixty thousand physicians in the country may be encouraged to unite in district organizations, and through their representatives establish a living union with this, the central legislative body. When in this manner the objects here proposed shall have been effected, no honest faculty will dare confer a diploma upon an unworthy candidate; and no one, save an empiric, will dare offer himself as a practitioner of medicine without documentary proof that he is grounded in the great principles of medicine, and that he has studied disease by the bedside of the sick, under the guidance of conscientious and competent teachers.

Passing thence to State Medicine, he remarked—

As I understand it, the objects of State Medicine are threefold:—

1. The prevention or arrest, by official measures, of all diseases which are not in their nature strictly limited to the individual, but which, from external causes, or from their specific characters, have a tendency to spread throughout families, institutions, and communities, and which cannot be otherwise controlled. This is the aim of public hygiene, which is the first grand division of State Medicine.

2. The qualification of men, by suitable education, for the duties involved, not only in the practice of medicine, but also of public hygiene, the State not only directing the studies which they shall follow, but determining by examination when they have reached the standard of acquirement necessary for the proper performance of their great trusts.

3. The enactment and enforcement by the State of such laws as shall secure to every citizen the benefit of the services of the best professional experts in all questions of a medico-legal character.

In brief, State Medicine may be considered to include public hygiene, medical education and medical jurisprudence, to which may be added the establishment, control and sustentation of public institutions for the sick and infirm.

If this statement of the subject is a fair one, how vast is its domain; and what a multitude of duties is exacted of those who make it their great pursuit in life! And yet, notwithstanding its extent, and the numerous branches into which it naturally divides, it is susceptible of reduction into a complete system, in which there shall be no clashing, and each part command the attention which it deserves. This has been already done to some extent in England, where public hygiene at least occupies its true position in the organic law of the land. There the principle is recognized that the private citizen, however humble, is as justly entitled to protection by the State against the public enemies of his health and life, as against highway robbery and murder. The same is true of Prussia, with reference to medical jurisprudence, where the most obscure plebeian, when brought before a court, can command the ablest counsel in the State in all questions of a medico-legal character. What has been done in England and in Prussia, where political power is concentrated in the hands of a few enlightened statesmen, may not be so fully accomplished here, where federal authority extends but a little way beyond the arena upon which the political relations of the several States are adjusted; nevertheless, by adapting our methods to the peculiarities of our system of government, much more may be realized than at first sight appears probable.

In regard to the importance of original research he stated—

To improve the scientific quality of the articles offered for competition, and to bring them within the field of original investigation, I suggest the following plan—

1. Offer four annual prizes of not less than two hundred and fifty dollars each, to be awarded at the close of the second year after announcement, for strictly original contributions to medical and surgical progress.

2. Empower the chairmen of each of the four sections designated numerically, in the Plan of Organization, as 1st, 2d, 3d and 5th, to appoint annually (and, if possible, before the adjournment of the session of the Association) a committee of three members of acknowledged ability and wisdom, who shall, as soon as practicable, select and publicly announce for competitive investigation and report, a subject belonging to one or the other of the branches included in the title of the section.

3. Let it be also the duty of each of the chairmen mentioned to appoint annually a committee of three experts, who shall carefully examine the essays presented, and if any one shall be found worthy of the prize, to recommend its award by the Association.

4. Require all competing essays to be placed in the hands of the chairmen of the respective committees of award on or before the first day of January preceding the meeting at which the prizes are to be announced.

5. All prize essays shall be considered the property of the Association.

6. The names of the competitors shall be kept secret from the committees of examination.

7. Membership upon either of the two committees shall not debar from membership on the other; nor shall membership of the first exclude the member from becoming a competitor.

By some such scheme as this, of which only the salient features have been here sketched, there is reason to hope that original investigation may be stimulated, and contributions of a superior character obtained. The objection, which I fancy has already suggested itself to nearly every one who hears my voice, is the want of funds. To this I reply—

1. It can be clearly demonstrated that by the practice of only a very little economy in current expenses there will be an ample balance in the treasury for this and other important measures.

2. It is not very likely that all four of the prizes will be awarded every year.

3. If the receipts from annual assessments should prove inadequate, the rate may be increased to eight or ten dollars, as was proposed at the meeting of 1873.

4. I am quite confident that money will be voluntarily contributed for these and other similar objects, provided the Association shall place itself in a legal attitude to receive and disburse such gifts. Upon this point, which I deem of no small importance, I beg leave to make a few remarks.

So long as the Association remains unincorporated, it is, of course, an organization entirely unknown to the laws of the land. It cannot legally accept or hold property of any sort whatever, and is, therefore, prohibited from entering into any formal engagement involving the payment of moneys for any specified object. It has no authority to collect its dues, nor can it be compelled to pay its debts. As it cannot hold property, it, of course, cannot receive bequests, nor even donations, with limiting restrictions as to their use. Now I would ask whether it is not within the bounds of reasonable expectation that, if this disability should be removed, funds would, from time to time, be committed, by will or otherwise, to the Association, for immediate use as prizes, or for the endowment of research? * * * *

Medical Societies should employ their best endeavors to have State Boards of Health created where they do not at present exist, and they should by all means secure the right of nomination for appointments upon such boards; otherwise, positions which demand men of peculiar qualification and sterling integrity will be conferred, as is too often the case, upon mere office-hunters who have no interest whatever in the matter, beyond its pecuniary return. In this connection I would call special attention to the plan adopted by the State of Alabama, where the State Medical Association has been constituted the State Board of Health, and the county societies subordinate local boards, with power to select all the officers necessary to carry on the work, including that of quarantine. Whatever plan, however, the societies may advocate, let them bear in mind, in recommending legislation, that while it is true that a people ignorant of even the elements of hygiene cannot be brought under sanitary legislation except by restraint, such restraint should be used with the greatest caution and moderation, and be sustained by an appeal to the common sense of those to whom it is applied. I therefore repeat, with added emphasis, the sentiment already expressed, that the hope of progress in State Medicine lies in the education of the people.

Professor White being the First Vice-President, occupied the chair during the delivery of the address.

Professor White then arose and spoke in very high terms of the address, and moved that a committee consisting of the President and his four immediate predecessors be appointed, to consider the suggestive points on education, prize essays, state medicine and hygiene, in the address, and report. In seconding the motion, Professor Gross paid a high compliment to the author of the address. The motion was then carried unanimously.

Dr. William Brodie, of Detroit, then read a report, as the representative to the Canadian Medical Association.

The report was referred to the Committee of Publication.

Dr. L. A. Sayre, of New York, made a verbal report of his visit as a delegate to the British Medical Association. The report was brief and practical, and highly satisfactory.

The following report on the action of the American Delegation before the International Medical Congress of Geneva, by Dr. E. Seguin, of New York, was then read by the Secretary:—

Mr. President and Confreres:—The Delegates of the American Medical Association to the International Medical Congress of Geneva were charged: "to advocate the adoption of a progressive uniformity of means of observation and record, with the concurrence, if possible, of the members of this Congress who would be found there engaged in advocating the application of uniformity in this and other departments of science."

Conformably to these instructions, in order to prepare as many adhesions as possible to the idea they represented, your delegates exposed it before the British Medical Association, meeting in July, in Manchester, and before the French Association for the Advancement of Science, meeting in August, at Havre, previously to accomplishing their direct mission in September, before the International Medical Congress of Geneva.

There two of your delegates were elected Honorary Presidents, and found sympathies in the representatives of all nations. Moreover, the delegates of the last International Pharmaceutic Congress of St. Petersburg, and those of the preceding International Medical Congress of Brussels, joined their efforts to carry the question of uniformity in all the branches of physic.

It was carried, with enthusiasm, from the Section of General Medicine to the General Meeting of the Congress, whose resolutions are too important and binding not to be at least summed up before you.

For physicians and surgeons, the principle accepted by the Congress is a gradual international uniformity of their nomenclatures, scales, measures, calibres of instruments; of their records of private and hospital practice, of physiological experiments, of medical climatology, barometry, thermometry, statistics, etc.

In pharmacy, the Congress of Geneva has accepted the conclusions voted at St. Petersburg and Brussels, as presented by Professors Gille and Matsen:

1st. The adoption of a universal Pharmacopœia, to be written in Latin.

2d. The decimal system for weights and measures, and the Centigrade scale for temperatures.

3d. A uniform nomenclature (probably that of Berzelius).

4th. The chemical preparations to be of determined strength and purity; and the pure drugs to be of essayed strength, if possible.

5th. The Galenic preparations made as simple as possible, and described according to a uniform plan.

6th. The other pharmaceutical preparations to be made uniform (that is, those which are powerful, like tinctura opii, aconiti, nucis vomicæ, hashish, podophyllin, elatherium, etc.).

7th. Physicians to be left free and responsible for the non-officinal ingredients and doses of their magistral prescriptions.

At its last meeting the Congress of Geneva nominated a Commission charged to bring these matters to a practical maturity for acceptance by the profession at large, and to the sanction of the next International Medical Congress.

The Commission in whose name this document comes for your approval and action, is composed as follows:—

President.—Patchiotti, Professor of Surgery in the University of Turino.

Eason Wilkinson, Actual President of the British Medical Association.

Marion Sims, late President of the American Medical Association.

Gubler, Professor of Therapeutics of the School of Paris.

Mehu, Chief Pharmacist of the Hospital Necker, Paris.

Matson, Vice-President of the Pharmaceutic Society of Copenhagen.

Critchett, Professor of Ophthalmology, London.

Brun, Professor of Pharmacy in the University of Geneva.

Gille, Professor of Pharmacy, Delegate of the International Medical Congress of Brussels; General Secretary of the Commission of the International Medical Congress of Geneva.

Edward Seguin, Acting Secretary of the same Commission for the United States.

This act of the International Medical Congress gives an international life to an American idea, and imposes upon us the obligation of keeping ourselves at the head of the movement we have initiated.

The physicians who are founding the vital statistics of this country, those of New York in particular, try to harmonize their documents with those of the Asiatic and European populations, and do gain new points of uniformity in every new issue of their tables. But, as yet, their statistics are only *vital* par antiphrase or irony, since they contain not much more than mortuary figures, and nothing *medical* but the contested names of diseases from clashing nomenclatures.

The pharmacists planning just now a new American Pharmacopœia have received communication of the conclusions arrived at by the Congress of Paris, St. Petersburg, Brussels, Geneva, and will heed the warning of Prof. Masten, of Copenhagen, that *pharmacists cannot succeed in founding a uniform pharmacopœia without the concord of physicians.*

The decimal system adopted by Medical Societies in several States will soon be the legal measure of the Centigrade scale of temperature, and is making headway in both medical practice and posology.

Lastly, the idea has gained ground that physicians owe as strict an account of the vital forces entrusted to their care as the banker of his operations—an account which can be rendered only upon a daily record of the anomalies of the great functions, and of their treatment.

But these, our progress toward uniformity, need be co-ordained to receive the sanction of the next International Medical Congress.

In consequence, we propose that you name a Commission on Uniformity in Physic, with power to adjoin such specialists in the arts accessory to ours as could give greater practicability and precision to our plans, said commission to precise and recommend the measures of uniformity actually ready for acceptance; and to present this plan to the next meeting of the American Medical Association, there to be adopted or modified previously to being presented as the American share in the work, to the International Medical Congress, which will meet in Amsterdam three months later.

The Delegates of the American Medical Association to the International Medical Congress of Geneva.
Marion Sims,
Thomas M. Drysdale,
Edward Seguin, *Reporter.*

This was also referred to the Committee of Publication.

After some announcements had been made the Association, at 1.20 this afternoon, adjourned to meet in sections at 3 P. M.

Wednesday, June 5th.

The meeting was called to order by the President.

The following report was then offered by the Judicial Council:—

The charges against Dr. J. M. Keller, presented by Dr. G. W. Lawrence, were dismissed, as being unworthy of any consideration.

The charges against the Society of Grand Rapids, Michigan, presented by Dr. P. J. Dwyer, are incapable, and unaccompanied by witnesses and testimony whereby the Judicial Council might be able to act.

The Arkansas petitions referring to the State Medical Society were dismissed without action.

The charges against the Michigan State Society, by Dr. W. W. Jones, will be reported upon by Dr. N. S. Davis, Chairman of the Judicial Council.

The charges against W. F. Barr, M. D., of Abingdon, Va., presented by Dr. Ulrich, of Chester, Pa., were dismissed by the Council.

With reference to the communication from the State Medical Society of Arkansas, notifying the Association that the Hot Springs and Garland County Medical Society was not recognized by the State Medical Society, and protesting against the reception of any member of that Society, it is decided that, under the By-Laws of this Association, said Hot Springs and Garland County Society loses its recognition with the Association from date of its severance from the State Society.

S. N. BENHAM, M. D., *Secretary.*

Prof. Davis then read the appended report of the Judicial Council concerning the charges against the Michigan State Medical Society, referred by the Association at the annual meeting in June, 1877:—

The charge in this case was alleged violation of the Code of Ethics on the part of the Michigan State Medical Society, in electing, as a delegate to this Association, Dr. E. L. Dunster, of the University of Michigan, knowing him to be engaged in aiding and abetting the graduation of students devoted to an exclusive dogma in medicine.

After a most careful examination of the Code of Ethics, as it has appeared in the transactions of this Association from year to year, the Judicial Council fail to find any section or paragraph in it that refers, even remotely, to the practice that constitutes the foundation of the charge under consideration. That any member of the medical profession proper should ever engage in teaching, examining and certifying to the qualifications of students, knowing that such teaching and examinations was to aid said student in obtaining a diploma directly admitting them into a few—a fraternity of irregular practitioners—was evidently not contemplated by the framers of our Code of Ethics; and hence they inserted no clause or section bearing upon that subject. The only provision in the Code referring to those engaged in an attempt to practice medicine in accordance with some "exclusive dogma," is in the section regulating consultations at the bedside of the sick. If the Judicial Council of this national organization should assume that the section of the Code just referred to indicated the "spirit" of those who framed and adopted it, and on that assumption apply it to matters and practices entirely foreign to those mentioned in the doctrine itself, it would not only violate all the accepted principles of judicial construction, but would establish a precedent in latitudinous construction of the Ethical Code more dangerous to the best interests of the profession than all the evils sought to be remedied in the case under consideration.

It is true that this Association has adopted at different times two resolutions having reference to the subject involved in the charge against the Michigan State Medical Society, which still stand as expressions of opinion unrepealed. But these resolutions constitute no part of the Code of Ethics; neither is obedience to them enjoined by the Constitution and By-Laws on State and Local Medical Societies as a condition of representation in this Association. Therefore, while deprecating the practice of aiding or abetting in any way the teaching and graduation of students known to be supporters of irregular and exclusive dogmas in medicine, as beneath the dignity of right-minded teachers of an honorable and liberal profession, your Judicial Council can find no clause in either the Constitution, By-Laws or Code of Ethics, as they now exist, under which the charge against the Michigan State Society can be entertained and adjudicated.

A discussion followed the reading of the report, by Drs. J. M. Toner, N. S. Davis, S. C. Busey, J. J. Woodward, Wm. Brodie and Thomas Menees. The first named moved to refer the report back to the Judicial Council, and the same was seconded by Dr. Busey. Dr. Menees offered an amendment, to the effect that the report be referred to the Council, with instructions to draft a law governing the defect complained of, and embracing a penalty for the punishment of the violation of the law. Before any action could be taken the hour for the next order of business arrived.

ADDRESS BY PROF. SMITH.

Prof. Henry H. Smith, of Philadelphia, Chairman of the Section of Surgery and Anatomy, then delivered his address, taking for his subject: "Certain points on the Pathology of the Bones, especially Tubercle." After alluding to the opinion of former years, that the skeleton was intended to support the body, he mentioned that recently a new function had been assigned it, the bones being now regarded by many as a "focus for the origin of the white and red corpuscles of the blood, and through which serious diseased matter was introduced into the general circulation."

After showing its connection with septicæmia and blood poison, he discussed the original progress of tubercles in the bones, and their influence on Pott's hip disease, both of which he thought were of tubercular orgin.

Dr. Frank H. Hamilton, of New York, by request, next presented the essential features of the able paper prepared by Dr. E. Seguin, of New York, on "The Intervention of Physicians in Education," read by the author before the Section on State Medicine and Public

Hygiene yesterday afternoon. He stated, in explanation, that it was owing to Dr. Seguin's inability to speak fluently the English language that he appeared in his stead, and the author had told him, in confidence, that if he was born again his first duty would be to acquire a knowledge of our language.

Dr. Hamilton offered the following resolution, which was unanimously adopted :—

Resolved, That in the opinion of this Association, medical men ought to have a voice in the construction and location of public school buildings; in the question as to the age at which children should be admitted, the hours of study, and the general management of these institutions; and to this end it is believed to be necessary that one or more intelligent physicians should be placed upon Boards of Education, Boards of Trustees, and upon other similar boards having the control of public education and schools.

Moses Gunn, M. D., Vice-President, took the chair, and Dr. E. W. Jenks, of Detroit, Mich., Chairman of the Section on Obstetrics and Diseases of Women and Children, delivered an address on "The Cases of Sudden Death of Puerperal Women." The paper was an able and exhaustive one, and of unusual interest to the profession. On motion, it was referred to the Section on Obstetrics, for publication.

Dr. J. R. Bronson, of Massachusetts, offered the following preamble and resolution :—

WHEREAS, By the report of the Judicial Council submitted this day, we are informed that the ethical code of this Association is imperfect, in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine. Therefore,

Resolved, That said Council be instructed to submit to this Association, at their meeting, for its consideration, an amendment to the Code covering this omission.

The above was, on motion, referred to all the members of the Judicial Council as a Committee.

Dr. Foster Pratt, of Kalamazoo, Michigan, offered a resolution in relation to the legal status of the insane, which was referred to the section on Medical Jurisprudence.

THURSDAY, JUNE 6TH.

The general session opened with President Richardson in the chair.

A protest to the registration of a New York State delegate was read, and referred to the Judicial Council.

The Judicial Council reported that the charges against the Iowa State Medical Society, and Scott County Medical Society, presented by Dr. P. J. Farnsworth, are dismissed, because the subject had been already adjudicated by the Council at their Detroit meeting in 1874. They also reported that in the matter of the Washlanaw County Medical Society it was decided that the Ann Arbor Society be entitled to two delegates to the present meeting. The report went over for one year.

Dr. Alfred Post, of New York, moved that the first two on the list from the Ann Arbor Medical Society be received as delegates, the others remaining as members by invitation. Carried.

Dr. A. N. Bell, of Brooklyn, offered the following resolution, which was laid over until next year :—

Resolved, That Section Four, on Medical Jurisprudence and Psychology, and Section Five, on State Medicine and Public Hygiene, be consolidated into one section, as Section Four.

JUDICIAL COUNCIL REPORT.

Dr. N. S. Davis, of the Judicial Council, presented the following report, proposing an amendment in addition to the Code of Ethics, and action on the same was deferred, according to the rules, for one year :—

In obedience to the instructions of this Association, the Judicial Council, acting in the capacity of a Committee, have unanimously instructed me to report to your Honorable Body the following amendment and addition to paragraph 1, Article I, of the second division of the Code of Ethics, under the general heading, "Of the Duties of Physicians to Each Other, and to the Profession at Large," and the special heading, "Duties for the Support of Professional Characters." The same, when finally adopted, to be added at the end, and to constitute a part of said paragraph 1, of article I. The proposed addition is in these words: "And hence, it is considered derogatory to the interests of the public, and the honor of the profession, for any physician or teacher to aid, in any way, the medical teaching or graduation of persons, knowing them to be supporters, and intended practitioners, of some irregular and exclusive system of medicine."

Dr. J. M. Toner, of Washington, D. C., Chairman of the Committee on Necrology, presented his annual report. It was a very voluminous document, containing sketches of seventy-five physicians who had died during the past year, and owing to its great length was not read, but referred at once to the Committee of Publication.

The Secretary reported that the Committee on Catalogue of National Library was not prepared to make a report, and asked to be continued. The request was granted.

ADDRESS BY DR. LOOMIS.

Dr. A. L. Loomis, of New York, Chairman of the section on Practical Medicine, Materia Medica and Physiology, was then introduced, and delivered an able, exhaustive and interesting address. He noticed some of the important advances made in practical medicine, physiology and materia medica, and also discussed at length the climatic treatment of pulmonary phthisis. His address concluded with the following practical suggestions :—

It seems to me that the necessities of our time are demanding the establishment, not only of well organized and thoroughly equipped sanatariums by the sea, in the mountains, in the cold regions of the North, and in the warm regions of the South, but that our mineral springs should be utilized for the cure of disease. No one doubts but they are equal, if not superior, to those of the old world; yet to-day we know more of the virtues of Karlsburg, Kissengen, Vichy and Hunyadin waters, than those of Saratoga, Virginia, Arkansas and Colorado. Has not the time come, gentlemen, when some organized action should be taken in this matter?

Dr. C. N. Palmer, of Lockport, moved that the paper be referred to the Section, for discussion. Carried, after remarks by Dr. Bowditch and others.

Dr. James P. White, of Buffalo, offered the following resolution:—

Resolved, That a committee of five be appointed to confer with General Meyer, upon the subject of making observations as to the existence of ozone in various localities, and to take such other steps and measures in the matter as may be necessary for the success of the object.

In seconding the above, Dr. Davis, of Chicago, briefly stated what had already been done to attain the object, by the profession, since 1874. After a discussion by Drs. Busey, White, Bell, Bronson, Leonard, Loomis and Davis, the resolution was adopted.

Dr. Toner, of the Committee on Nominations, announced that they were ready to report. Accordingly, Dr. Hupp, of West Virginia, read the following, which was, on motion of Dr. White, of this city, accepted and adopted unanimously:—

REPORT OF THE COMMITTEE ON NOMINATIONS.

After due consideration the Committee on Nominations respectfully report that they have nominated the following gentlemen for the various offices named, to wit:—

President—Theophilus Parvin, M. D., of Indiana.

Vice Presidents—A. J. Fuller, M. D., of Maine; W. F. Westmoreland, M. D., of Georgia; John Morris, M. D., of Maryland; John H. Murphy, M. D., of Minnesota.

Treasurer—Richard Dunglison, M. D., of Pennsylvania.

Librarian—Wm. Lee, M. D., of District of Columbia.

Committee on Library—J. Eliot, M. D., of District of Columbia.

Assistant Secretary.—Scott Todd, M. D., of Atlanta, Ga.

Committee of Arrangements—J. P. Logan, Chairman; H. V. M. Miller, G. G. Crawford, H. L. Wilson, J. F. Alexander, J. M. Johnson, Charles Pinckney, V. H. Talliaferro, J. T. Johnson, of Atlanta, Ga.

Committee on Prize Essays—Robert Battey, of Rome, Ga.; J. G. Westmoreland, of Atlanta, Ga.; Wm. A. Love, of Atlanta, Ga.; Robert Kidley, of Atlanta, Ga.; Henry F. Campbell, of Augusta, Ga.; J. H. Van Deman, of Chattanooga, Tenn.

Next place of meeting Atlanta, Georgia.

Time of meeting the first Tuesday in May, 1879.

Dr. J. L. Cabell, of the University of Virginia, Chairman of the Section on State Medicine and Public Hygiene, delivered an exhaustive address.

On motion, the address of Dr. Cabell was referred to the Section on Hygiene.

Dr. Sayre, of New York, then arose to a question of personal privilege, and asked that the Secretary be requested to place him upon record as opposed to the resolution adopted at Detroit last year, which declared that a fracture of all long bones could not occur without shortening. The request was granted.

FRIDAY, JUNE 7TH.

President Richardson announced the following Ozone Committee, appointed pursuant to the action taken yesterday: Dr. N. S. Davis, of Illinois, Chairman; Dr. J. S. Billings, of United States Army; Dr. W. H. Geddings, of South Carolina; Dr. J. M. Toner, of the District of Columbia, and Dr. S. M. Bemiss, of Louisiana.

Dr. J. S. Hibbard, of Indiana, offered the following resolution, which was adopted:—

Resolved, That hereafter it shall be the duty of the Committee on Necrology to confine their reports to the death of medical men who have been members of this Association, and at the time of death were still in good fellowship, or honorably separated from the Association.

Dr. A. N. Bell moved the continuance of the committees appointed two years ago, for the organization of State Boards of Health. Carried.

The following communication was received from the Medical Society of the State of Pennsylvania, and, after being read by the Secretary, was ordered entered on the minutes:

At the annual meeting of this body held in Pittsburgh, May 1878, it was unanimously.

Resolved, That the Medical Society of the State of Pennsylvania, recognizing the advantages of the metric system, from its universality, simplicity, and scientific character, does recommend the use of the same to the members of the Society, and urges them to familiarize themselves with it, and to advise their students to use it exclusively when they commence their medical career.

Resolved, That in all communications made to this Society, in which reference is made to weights and measures, the metric system only should be used.

Resolved, That the Secretary of this Society is instructed to bring this action of this Society to the notice of the American Medical Association at its next meeting, and urge upon the National Association a similar action.

A resolution was offered by Dr. Seguin, asking the confirmation of Drs. Sims, Drysdale and Seguin as Commissioners and Delegates for the question of medical uniformity in Europe, to report next year. Adopted.

Dr. Davis next offered the following resolution, which was adopted:

Resolved, That the Section on Practical Medicine, Materia Medica and Physiology recommend the appointment by the American Medical Association of a committee of five members, to whom shall be referred so much of the recommendations in the address of the President of that Section as relates to the establishment of proper sanitaria for consumption, and the more accurate utilizing of the various mineral waters of our country, with instructions to report at the next meeting of the Association.

Accordingly, the President appointed the following members as such committee: Dr. H. I. Bowditch, of Massachusetts; Dr. A. N. Bell, of New York State; Dr. J. L. Cabell, of Virginia; Dr. S. E. Chaillè, of Louisiana; and Dr. Charles Denison, of Colorado.

The President announced the following delegates:—

To European Medical Societies—Drs. Sims, Drysdale, Seguin, Daly, Halberstadt, Levis and Pancoast.

To the Canadian Medical Association—Drs. Brodie, Todd, E. N. Brush and W. Clarke.

The minutes of sections I, II and IV were received, and referred to the Publication Committee.

The following resolutions concerning certain legal relations of the insane, offered by Dr. Foster Pratt, of Michigan, in Section V, and referred to the Association, were received and adopted:—

Resolved, That the personal restraint of the insane is an essential element of the medical treatment of their disease, the use of which, as a therapeutical agency, may be justified by their insanity, just as the use of it as a public agency, for the prevention of injury to person or property, is justified by their dangerous conduct.

Resolved, That while none question the necessity for specific statutory provisions to regulate the restraint of those insane persons who are wholly or partly a public charge; we maintain

That it is the duty of relations and friends, and it is also their natural and inherent right, whether declared or understood by statute, to restrain and to care for their sick or insane relations as private patients, at his or their expense, at his or their home, or in a legally recognized and regulated hospital; and

That the exercise, by them, of so much restraint as is essential to their proper treatment of his disease, is not a violation of his rights of personal liberty; and

That their duty and right to exercise such remedial restraint are subject to State surveillance or legal limitations only so far as may be necessary to prevent their neglect of that duty, or to punish their abuse of the right.

The following report of the Committee to secure the appointment of State Boards of Health was presented and adopted:—

Your Committee, consisting of the President and Permanent Secretary, who are required to report annually the results of their efforts for the organization of State Boards of Health, respectfully report that they have addressed to the Governor of each State where a Board of Health has not been organized the following memorial: A few executives have courteously acknowledged this communication, and expressed their earnest desire to further our efforts. We are happy to announce that three additional State Boards have been organized, making nineteen in all, viz.: Alabama, California, Colorado, Connecticut, Georgia, Illinois, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Mississippi, New Jersey, North Carolina, Tennessee, Rhode Island, Virginia and Wisconsin.

Dr. X. C. Scott called up the resolution of last year, creating a new Section of Ophthalmology, Otology and Laryngology, to be known as Section VI, and moved its adoption. Carried.

On motion of Dr. E. Smith, of Detroit, Dr. H. Knapp, of New York, was made Chairman of the new Section, and X. C. Scott, of Ohio, was made Secretary.

Dr. Walter Kempster, of Oshkosh, Wis., Chairman of the Section on Medical Jurisprudence, Chemistry and Psychology, read an address on "The Relations of Pathology to the so-called Motor Centres," It was referred to the Committee of Publication.

The minutes of Sections II and V were received and referred to the Committee of Publication.

REPORT OF THE TREASURER.

The Secretary next read the annual report of the Treasurer, Richard J. Dunglison, of Philadelphia. The report was as follows:—

The Treasurer has the honor to report a balance in the Treasury, at the end of the fiscal year, of $2446.02. This amount is much larger than would have been found there, had any deduction been made to pay the Permanent Secretary an honorarium for his services for the previous year. For the first time for a number of years the Association, at its last meeting, omitted to pass a resolution appropriating money to this end, and the Treasurer was thus left without authority to devote the funds of the Association to such a purpose. The annual amount, what ever it might be, voted by that body to its Secretary, was an honorarium, and not a salary, the Association having decided, in 1873, upon the adverse reports of a Committee appointed in 1872, to decide upon the propriety of making the office a salaried one, that "no amount of specified salary be attached to the office." Ever since that time an honorarium, not a salary, has been paid him by the Treasurer, but never without the authoritative order of the Association, as conveyed by annual resolution.

The Treasurer is in constant receipt of applications from members for volumes of the transactions of the Association which are entirely out of print. As some of the members are in possession of scarce volumes, which they may not wish to retain, the Treasurer will willingly act as a medium of exchange, and thus accommodate those who are anxious to complete their sets. [Here followed a financial statement.]

The report was adopted and referred to the Publication Committee.

The annual report of the Publication Committee was received and adopted.

On motion of Dr. Davis the Treasurer was instructed to pay the sum of $700 as an honorarium to the Permanent Secretary, for his services.

The following report of the Committee on Prize Essays was read by the Local Secretary and adopted:—

Your Committee to Determine the Merits of Prize Essays, would respectfully report: That they have had three separate papers submitted to their inspection. Two of these papers present subjects of very great interest, and show original researches, but are too imperfect, in the estimation of the Committee, to command a prize. The remaining paper, in the judgment of your Committee, is fully up to the requirements. Indeed, the paper is so elaborate as to fill a large space in the volume of the *Transactions* of the Association. The paper should be considered as *two* and not as *one*. The analysis of 789 cases of operation on the carotid artery, and the careful and minute measurements of the artery and its branches in one hundred and twenty-one subjects, showing the range of variation and the per centage of the same, followed by inferences, bold and original, naturally constitutes a paper complete in itself. Another one on the same plan, with reference to the innominate and subclavian, being an analysis of 300 cases, and the observation of fifty-two subjects, is presented to us in such a manner, that we may consider the whole as one prize, or they may compete for both.

Your Committee believe that both prizes should be awarded to the two essays by one person. The motto is, "Tempora mutantur it nos mutamur in illes."

E. H. Moore, *Chairman;*
Thos. Lothrop,
H. R. Hopkins,
W. W. Miner.

Buffalo, N. Y., June 6th, 1878.

The recommendation of the committee was unanimously adopted.

On opening the sealed envelope, the name of the successful essayist was found to be Dr. John A. Wyeth, of New York City, and the announcement was received with applause.

The Local Secretary next read the annual report of the Librarian, which was referred to the Committee on Library.

On motion of Dr. Brodie, of Detroit, the Treasurer was authorized to draw a draft for the expenses of the Library.

On motion of Dr. Davis, of Chicago, the recommendation of the Librarian adding Dr. J. M. Toner, of Washington, to the Library Committee, was adopted.

Dr. J. M. Kellar, of Arkansas, offered the following, which was laid over for one year:—

Resolved, That in future the Committee on Nominations shall present the name of no person for appointment or election to office or position, save on the Committees on Necrology and Climatology, unless the party nominated be in attendance on the Association at the time.

Dr. J. J. Caldwell, of Maryland, offered a resolution creating a new section upon "Neurology and Electrology." Action was deferred for one year.

Dr. Maddux, of Maryland, offered a resolution creating a section on "Diseases of the Genito-Urinary Organs, including Dermatology and Syphilis." Laid over.

IN MEMORIAM.

The following preamble and resolutions in relation to the late Prof. Joseph Henry, of the Smithsonian Institute, were offered by Dr. Toner, and adopted:—

Whereas, A short time previous to the meeting of this Association, Professor Joseph Henry, late Secretary of the Smithsonian Institute, departed this life, full of years and honors; therefore, be it

Resolved, That the American Medical Association hereby offers its tribute of respect to the name of this illustrious man, whose pure and noble life, as well as his great attainments and actual discoveries, have long since placed him at the head of the men of science in this land.

Resolved, That while we share the common grief of all his fellow-countrymen on the occasion of his death, we believe his name will be established in the memory of posterity; and we hold up his example for the emulation of all lovers of the truth, now and hereafter.

Resolved, That a copy of these resolutions be transmitted to the Regents of the Smithsonian Institute and to the family of the deceased.

On motion of Dr. Davis, a resolution relating to the following amendments proposed by him last year, was adopted:

Strike out from By-laws the whole of fifth paragraph, Section II. "Papers appropriate to the several Sections, in order to secure consideration and action, must be sent to the Secretary of the appropriate Section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care, and with the advice of the Chairman of his Section, to determine the time and order of their presentation, and give due notice of the same; and, after their full examination and discussion by the Section, they shall be sent to the Permanent Secretary of the Association."

Strike out all of third paragraph, Section VIII. "It shall be the duty of every member of this Association who learns that any existing medical school departs from the published conditions of graduation, to report the fact at the annual meetings; and, on proof of the fact, such school shall be deprived of its representation in this body."

Strike out all of second paragraph, Section IX. "This Association recognizes as a 'regular organized' medical college one that has been represented at any meeting, and that complies with the rules and directions found in the published *Transactions*, vol. xiii, page 33."

Dr. Hitchcock, of Michigan, proposed an amendment in regard to the election of officers, which was laid over until the next meeting.

Dr. Parvin, the President-elect, was then introduced by President Richardson with a few complimentary remarks, and the former returned his thanks for the honor conferred, in eloquent and fitting terms.

A resolution of thanks was then passed, and the Association adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Marks of True Diphtheria.

On this subject, Dr. B. O. Connor says, in the *Lancet:*—

True diphtheria at the onset draws attention in the patient's complaint of being "out of sorts;" he has lost his appetite, and has slight feverishness and an "uneasiness" in his throat; swallowing becomes difficult, but not strictly painful; sometimes there is pain at the back of the neck; the skin feels rather cool and clammy to the hand. These and other symptoms are developed slowly, with headache and drowsiness, marked debility, and oftentimes shivering; frequently the joints (according to my own observation, generally the left shoulder, elbow and wrist) become hot and tender. Cases of this nature, presenting the articular symptoms at an early stage, might, for a moment, throw us off our guard by reminding us of the sore throat of rheumatic origin, mentioned by Trousseau. The actual swelling of the mucous surfaces of the throat is far in excess of what is observed in general submucous infiltration, and we note a toughened condition of the reddened membrane itself, quite independent of any increased secretion in its follicles; and subsequently (in a few hours sometimes) we observe on the surface of the mucous membrane a grayish and elevated spot, or similar spots or patches, of a fibrinous nature, which will increase in size and spread in any direction. If this fibrinous substance—which must not be confounded with the yellowish points observed on the tonsils in quinsy—be pressed or rubbed from its situation, we have revealed to us a raw surface, which, for a few moments, seems paler in color than the congested membrane around its edge. Then bleeding points are noticed on this raw surface, and the blood has a venous hue. Four or five hours later the previously bleeding part becomes re-covered with exudation; but this, in its turn, is less tenacious and paler in color than that which was removed. This exudation is the real pathognomonic and essential element—the *διφθέρα* (the prepared hide)—of "diphtheria," properly so called, the mark of the disease described by Bretonneau, and known as "angina maligna" by former generations. To constitute a *διφθέρα* there must be a new, free and an independent formation, and not merely an altered condition of a previously existing structure. I am convinced that in not a few cases—*e. g.*, scarlatina, in which the appearance of the rash has been delayed—the necrosed (already existing) mucous membrane of the throat has been mistaken for a diphtheritic (new) growth.

Infarction of the Heart.

Cases of acute and extensive infarction of the wall of the heart, says the *Lancet*, are not common, and one lately published by M. Laveran is of interest on account of the symptoms which resulted from the accident, and which were carefully observed for a fortnight before death. The patient was a man, forty-seven years of age, and the anatomical change consisted in an area of softening, three or four centimetres across, in the wall of the left ventricle. The softening was so complete as to constitute an actual abscess, extending between the endocardium and pericardium, neither of which, however, was perforated. The coronary arteries were atheromatous, and the anterior branch, going to the softened spot, was completely obliterated. The ventricle was much dilated and distended with blood. The first symptoms, a fortnight before death, were pain in the left side and rapidly increasing dyspnœa, with slight hæmoptysis. The heart's action was excited, frequent and irregular. The cardiac dullness was increased, the sounds distant but without murmur. Respiration was rapid, the lungs normal, the extremities dusky. The difficulty of breathing became most intense and prevented sleep. The heart sounds became inaudible. Pericarditis was diagnosed, and antimony administered. The symptoms lessened considerably in severity, so that the patient was able, at the end of a week, to sit up. They recurred, however, in a day or two with renewed violence, and a large hemorrhage from the lungs occurred without relief to the dyspnœa, which continued until death, a few days later. Many foci of pulmonary apoplexy were found after death.

THE

Medical & Surgical Reporter,

A WEEKLY JOURNAL,

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D. G. BRINTON, M.D., EDITOR.

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PREMIUM LIST
FOR 1878.

The following premiums are offered to our subscribers as inducements for them to aid us in increasing our circulation:—

1. For one new subscriber to the REPORTER, we give a copy either of the *Physician's Pocket Record* ($1.50), or of Dobell on *Coughs, Consumption and Diet* ($2.00).

2. For two new subscribers to the REPORTER, a copy either of Napheys' *Medical Therapeutics* ($4.00), or Napheys' *Surgical Therapeutics* ($4.00).

3. For one new subscriber to both COMPENDIUM and REPORTER, both the *Physician's Pocket Record* and Dobell on *Coughs, Consumption and Diet*.

In all cases the remittance for the new subscriber must cover one full year's subscription.

SANITARY PRECAUTIONS AT THE PARIS EXHIBITION.

Profiting by the unpleasant (not to use any severer term) experience which followed the Centennial Exhibition in this city, the authorities of Paris have taken active measures to insure both the good sanitary condition of the Exhibition buildings and that of the city in general.

Correspondents now in Paris state that the water supplied to the whole Exhibition is drawn from the Seine by two powerful couples of engines, situate on the right bank. The water drawn up by these engines of 350-horse power is afterward forced up by a pipe through the middle of the Trocadéro grounds, till it reaches the large basin, situate on the Place du Trocadéro, and a larger reservoir, situate on the heights of Passy. In addition to this main pipe there is a shorter one, of secondary importance, situate along the right bank of the Seine.

Thus, there are two reservoirs, from the former of which, the Trocadéro basin, descend a series of pipes which supply water to the Champs de Mars Palace, for the condensers, the machine galleries, and, generally, all the low-pressure service; while from the larger reservoir, the Passy one, descend pipes which supply the Trocadéro, and the high-pressure service of the Champs de Mars, especially the arrangements in case of fire.

The sewerage arrangements are very simple. The engineers have utilized a large sewage collector, formerly employed for the drainage of the Ecole Militaire, and consisting of two branches, proceeding from this Ecole, and meeting, with a **V** shape, in a large collector, situate in the area of the Champs de Mars, and leading into the Seine. The sewers of the Palace consist in longitudinal pipes of half a metre in diameter, leading directly into the **V** branches of the collector, or into partial transverse collectors, which empty themselves into the main sewer. In each column and small pillar supporting the edifice there is a pipe for conducting the rain water down to the collector.

The ventilation system is one of open and direct ventilation through the large skylights of the roofing, through open doors, etc. Furthermore, there are open spaces in the flooring of the building, which communicate through underground excavations with other apertures existing in the open air outside the Palace.

In order that the hotels and other houses of accommodation may be free from disease-producing foci, the prefect of police has addressed a special circular to the mayors of the twenty arrondissements, reminding them that they are responsible for the preservation of public health. This circular cites all the laws in force relating to public hygiene, and conclusively proves that the municipal authorities are invested with extensive and ample powers. The police, acting under their orders, may at any moment enter any hotel or lodging house and ascertain, by personal inspection, that there is no infringement of the sanitary laws of the city.

Visitors can at any time see that sanitary measures are enforced. It is only necessary for them to address a written or a verbal complaint to the mayor of the arrondissement in which they may be residing. This will ensure the police inspection of objectionable drains, and the probable and prompt removal of nuisances.

These are admirable precautions, and the more necessary as there are already alarming rumors of the presence of infectious petechial typhus, and even of plague, in some of the Mediterranean cities. Venice has declared a strict quarantine against Trieste, where cases of true plague are alleged to have occurred; and with the formidable epidemics certain to be encountered by the armies in the Levant, should they become engaged in a war, the crowd of visitors to Paris this summer cannot be too cautious or too well protected.

NOTES AND COMMENTS.

Therapeutical Notes.

OXALATE OF CERIUM IN COUGH.

Dr. Thomas Clark, in the *Practitioner*, highly praises this drug, in five-grain doses, in chronic cough, with shortness of breathing. The rest and comfort after one dose continues for twenty-four hours. No bad symptoms are produced by it.

CAPSICUM IN OPISM.

A writer in the *Lancet*, speaking of the habit of laudanum tippling, thinks a remedy for it may be found in capsicum. Ten to fifteen drops of the tincture taken in some bland fluid three or, in extreme cases, four times a day will, it is believed, in most cases, render it possible to withdraw the drug instantly and permanently. The gradual disuse of the remedy will occasion little difficulty.

GLYCERINE OF ZINC IN ANAL FISSURE.

℞.	Glycerine,	16 parts.
	Starch,	8 "
	Oxide of zinc,	4 "

The glycerine and starch are to be gently warmed in a porcelain capsule till they form a gelatine, when the oxide of zinc is to be stirred in. Dr. Rollet states that he finds the best mode of treating fissures of the anus is to touch them with nitrate of silver, and then to apply the above preparation.

CARBOLIC ACID IN CARBUNCLE.

This treatment, lately described by a contributor to the REPORTER, has also lately been recommended by Dr. Clever, of St. Petersburg. In a large carbuncle in the gluteal region of a woman, sixty years of age and of feeble constitution, he made eighteen injections of a two per cent. solution of carbolic acid. In the course of two days all febrile symptoms and pain subsided, after four days the infiltration disappeared, and the process of cicatrization took place with unwonted rapidity, without any bad results from the action of the carbolic acid.

OINTMENT IN GONORRHŒAL ORCHITIS.

Dr. Alvaréz recommends the following pomade:—

℞.	Finely powdered iodoform,	1 to 2 parts.
	Lard,	30 parts.

In the course of an hour or two, he says, the pain is relieved. It has also the advantage over the mercurial ointment of not affecting the gums. By its well-known resolvent action the iodoform diminishes the duration of the orchitis, and prevents subsequent induration of the affected organ. It must be used more or less strong, according to the degree of inflammation of the epididymis existing.

MARINO'S ANTI-NEURALGIC INJECTION.

℞. Ergotin, ¼ to ⅕ gramme.
Water or glycerin, q. s.

Dissolve for a hypodermic injection.

It is employed in neuralgic pains, and induces a more or less intense burning sensation, which disappears in the course of half an hour if the puncture be covered by cold, wet compresses. Usually, it induces neither abscess nor erysipelas. One, or at most two, injections relieve the pains, but, in order to prevent relapses, from two to six others may be given, according to the intensity and duration of the neuralgia. In tic-douloureux these injections have proved very useful, while in sciatica they have often failed.

ACONITE IN WHOOPING COUGH.

Dr. Dervieux, in the *Lyon Medicale*, recommends the following :—

Extract of aconite,	.05	grammes	= ⅘ gr. nearly
Cherry-laurel water,	5	"	= 1 ʒ "
Syrup of ipecac.,	4	"	= ¾ ʒ "
Mucilage,	200	"	= 6½ ℥ "

This is given as soon as the characteristic cough presents itself, in doses of a teaspoonful every hour, to young infants ; two teaspoonfuls to those more than three years of age; and a tablespoonful to adults every hour.

The Use of Digitalis.

Recently a discussion took place at the Paris Société de Thérapeutique, on the therapeutic influence and mode of administration of digitalis in disease. Most of the speakers gave the preference to a cold infusion of the leaves over any other preparation, and were almost unanimous in condemning digitalin as being dangerous and unreliable, as it does not possess the diuretic properties contained in the leaves. Dr. Héraud, who brought the subject to notice, recommends the following preparation : Macerate, for twelve hours, twenty-five *centigrammes* of the powdered leaves of digitalis in two hundred *grammes* of cold water. This is then strained, and the patient is directed to take it in five or six doses, in the twenty-four hours, at some distance from meals. This dose, he said, should never be exceeded, if we wish to avoid its poisonous effects ; and the quantity he prescribes is quite sufficient to produce the full therapeutic action of the drug, beyond which it is needless to push it. Dr. Héraud considers digitalis one of the best diuretics known in affections of the heart; whereas, it is useless where there is no cardiac lesion, as, for instance, in cirrhosis, albuminuria, etc.

Plated Brains.

Among the novelties to be seen at the Paris Exhibition is a series of specimens of plated human brains sent by Dr. Ore, the ingenious Professor of Physiology at the Bordeaux School of Medicine. Dr. Ore has applied galvanoplasty for purposes of preservation to the brains of men and animals, and has obtained very remarkable results, the external surface presenting the hard brilliant surface of a metal, while the inner substance assumes the consistency of mastic, and is quite unalterable.

Hysterical Hæmoptysis.

Dr. Franco, of Naples, described several cases of this form of hemorrhage. It usually occurs in young, unmarried women, where the hysterical constitution is well marked. Marriage he has found to be a remedy for it; and he mentions it particularly, as often the hæmoptysis leads to the diagnosis of phthisis and marriage is discountenanced. He attributes the hemorrhage to a neuro-paralytic hyperæmia and rupture of the capillaries.

Lister's Method Criticised.

M. Leon Le Fort, an able surgeon of Paris, attacks Lister's method of dressing wounds, attributing all the good effects produced by it to the astringent lotions used, which prevent vessels remaining open, and so prevent purulent absorption, and points out the importance of immediate union of wounds because it prevents this absorption. He claims to have had the same results with Lister's solutions without all the details required by the latter.

He insists upon the most absolute cleanliness in hospitals, holding that contagion is the great cause of hospital mortality. He proscribes in his wards the use of sponges, wadding, compresses, or charpie, or when he has to use compresses he moistens them in water containing camphorated spirits; he washes wounds at a distance, by the aid of an apparatus for the purpose; he never touches two patients without washing his hands carefully after each dressing. The instruments are always cleaned with extreme care every time they are used.

On Cod-Liver Oil.

The oil of the liver of the true cod is dark in color and dense. Generally the oil is made from the livers of cod, haddock and ling, mixed. Thus prepared, it is clear, with a bland taste and little smell. Dr. Clapham recommends that those who find the oil unpalatable shall rinse the mouth with strong salt water before taking it.

CORRESPONDENCE.

Accidents in the Use of the Catheter.

Ed. Med. and Surg. Reporter :—

An accident occurring in the use of the catheter, some years since, was of so singular a character that I think it worth placing on record, even at the risk of being charged with want of tact or skill in the use of the instrument.

I was called, August 15th, 1870, to relieve Mr. Kelley of the contents of an over-distended bladder. Patient an Irishman, 72 years of age; had been the subject of ague for some months; was then suffering from typho-malarial fever, and retention of urine, the latter having continued for two days. Introduced the catheter and drew off about three pints of high-colored urine. An enlarged prostate gland made a repetition of the operation necessary, and it was performed daily, with nothing attending the operation worthy of notice. There seemed to be a point of obstruction just at the entrance to the bladder, which did not allow the catheter to pass readily, and made delay and a slight continued pressure necessary, to overcome it.

On making my visit on the 18th I found my patient restless; he had passed a bad night, and was disposed to grumble that I had not come earlier. On introducing the catheter it passed readily to the point of obstruction mentioned above, but on that occasion there was so much spasmodic action of the muscles of the part, and the patient was so excitable, that I determined to desist and administer an opiate injection, which I did. Returning in a few hours, I found him quiet and cheerful, and proceeded at once to use the catheter. As usual, I found a point of obstruction, and was patiently waiting until slight pressure should overcome it, as it had before done, when the instrument passed sooner, and more readily than usual, and with about the usual sensation to the patient. Instead of urine of the usual quality passing, I was surprised to see a stream of what I supposed to be bloody urine issuing from the catheter, and decided at once that an active hemorrhage from the kidneys or mucous membrane of the bladder was present. After a time, the stream still continuing, I placed my hand over the abdomen, and was startled to find that the quart or more of fluid in the vessel had in no wise diminished the size of the distended bladder. Just at this time my patient said he felt very weak, and a profuse perspiration coming on suddenly, with a rapid failure of the pulse, warned me that syncope was approaching.

Up to this time I had not dreamed of anything unusual in the operation, only that I had bloody urine as a consequence of hemorrhage into some of the urinary passages, but I was suddenly convinced that the fluid was *blood* and not *bloody urine*, and did not come from the bladder. I withdrew the catheter, fully expecting a stream of blood to follow, but in this I was disappointed. I remained an hour, watching the case, but there was no further evidence of hemorrhage, either external or internal, nor did my patient seem the worse for his copious bleeding. A few hours later I returned, and, with much fear and trembling, made another effort to relieve the bladder. After about the usual delay the catheter passed, and the urine passed with no trace of blood. The instrument was used daily, and without further accident, until his death, August 31st. The case did not seem materially affected by the hemorrhage, or, at least, the symptoms continued much the same as before, death occurring from exhaustion from diarrhœa and entire abstinence, as the patient could not be induced to take any food.

Now where did this blood come from? What vessel could have been injured, of a size that could furnish a continuous stream through a large-sized catheter until over forty ounces of blood was lost? That it was blood, and derived from some source other than the bladder, I think is conclusively shown by the approaching syncope, no change in dimensions of distended bladder, subsequent coagulation of the contents of the vessel containing the fluid, and the later drawing off of urine of the usual quality. John N. Beach, m.d.

West Jefferson, Ohio, May 7th, 1878.

Defects of Aspirators.

Ed. Med. and Surg. Reporter :—

To answer all purposes to which the aspirator is applicable, there is none, probably, so well adapted as Potain's modification of Dieulafoy's, which has been greatly improved on by the inventive genius of Messrs. Codman & Shurtleff, of Boston. Nevertheless, this, in some parts of its construction, is defective, as we observed several times while using it. In the first place, the bottle, after each filling, to be emptied, must be detached from the couplings, or screwed out of the brass cap which connects the couplings. By the first method there is no means to prevent the entrance of air, through the needle tube, to the cavity, which could be avoided by placing a stop cock between L and M, *vide* their illustrated cut. The screwing off the cap is very inconvenient, and sometimes impracticable. The simple trocar needles—the invention of Codman & Shurtleff—are intended for such cases where it is necessary that the instrument should remain in the cavity for a certain length of time. They not being supplied with stop cocks, the arrangement, as suggested above, would make the application of these trocars more practical, as the admission of air would also be prevented, which is not the case now, unless all the tubing, including the fluid cock, be kept coupled with the trocar. In the second place, the removal of the receiver, to empty it, should be done away with. This can easily be done by supplying the bottle with a stop cock, say about three-fourths of an inch from the bottom. By opening this stop cock after the bottle is about two-thirds filled, the liquid flowing out would probably produce a continued vacuum above the liquid, within the receiver. The couplings might also be improved by making the connection with screws with rubber collars. The Codman & Shurtleff Aspirator thus further improved, as suggested, would, in all probability, become a "full-fledged American aspirator." S. B. Balliet.

Unionville, Lehigh County, Pa.

Ligation of the Limbs as a Means of Checking Epistaxis, Uterine Hemorrhage, Etc.

Ed. Med. and Surg. Reporter :—

The various kinds of hemorrhage are sometimes very annoying, and difficult of cure. Plugging the nares, vagina, etc., is sometimes a very effective mode of checking the discharge, but the plug and the retained blood become very offensive, and a source of irritation, and sometimes much discomfort.

Dr. Blondeau's case of epistaxis, in the Medical and Surgical Reporter, of February 9, 1878, reminds me of a bad case of my own, in December, 1851. J. C., aged 40, an inebriate, was subject to repeated and terrible attacks of epistaxis. He had become quite anæmic, and when I saw him his life was despaired of, as he had already been bleeding several days. I elevated his head, had cold application made to it, and warmth to his feet. Prescribed drachm doses of dilute sulphuric acid every two or three hours, but still he bled. I then applied a tourniquet to each leg or thigh, high up, and bandaged his arms near his body. Tourniquets and bandages made just tight enough to dam up the blood to a considerable extent in extremities. In a few hours the bleeding ceased. I then had him, for months, continue slight pressure by bandages, as already described, and he had no more bleeding, but regained his health and usefulness.

In November, 1866, I was called to see Mrs. J. W. She had already been treated by my friend, Dr. Taggart, but the doctor becoming sick, the case came under my care. I thought this case was the result of an abortion, but could not verify my opinion. I placed a dish, with ice in it, over the epigastric region. Ordered her to be quiet and abstain from warm food or drink. The doctor had already exhausted most of the remedies for such cases, having already treated her some two weeks. On my next visit, finding my patient no better, I applied elastic tapes to arms and limbs, near the body, tight enough to interfere a good deal with the returning venous blood. In less than twenty-four hours the hemorrhages ceased, and my patient convalesced rapidly.

In other cases of hemorrhages, since these, I have used the ligation of the limbs, as above mentioned, and almost every time with marked success. It certainly is a common-sense remedy, and why it has not long ago been employed is a wonder. L. G. Harley, m.d.

Wooster, Ohio.

Uterine Tumor.

Ed. Med. and Surg. Reporter :—

I beg leave to report, through the columns of your journal, a case of unusual interest to me. I have very little history of the case prior to the time I took charge of it. It seems to have been treated by different physicians, some diagnosing "change of life," and one called it "prolapsus uteri," and applied a supporter (which I now have in my possession).

Case.—Mrs. K., aged 46 years; widow. I was called February 16th; found her suffering strong uterine pain; menses on; gave chloral hyd., to relieve pain, and deferred examination to the 20th, when I found a large tumor filling vagina and os uteri. 21st. Called Dr. W. H. Dunham in consultation, and agreed to remove it, but the patient would not consent. 26th. Dr. J. S. Ely, of Barnesville, and Dr. Chapman, of Morristown, met me in consultation; diagnosed a fibroid tumor of uterus; could not make out the attachment, as it filled the vagina and os-uteri, so we could not get above it; patient still opposed to any attempt at removal.

Saw the patient every few days until April 30th, when I began giving ergot. May 1st, 11 p.m. Expulsive pain so strong as to force the tumor out of the vagina. I then cut it off, and found that it had sloughed off the lower end. I took it home and weighed it, after washing it; weight four pounds. After removal the pain ceased, and patient expressed herself comfortable, but very weak; there was very slight hemorrhage. May 2d. Patient complains of sickness and pain in stomach; carbolic acid and mucilage, with ice, controlled the vomiting; gave good nourishing diet and tonics; patient improved daily, and on the 17th instant discharged the case. The only local treatment was a vaginal wash of carbolic acid. Very respectfully,

E. K. Strawn, m.d.

Hendrysburg, O., May 28th, 1878.

NEWS AND MISCELLANY.

American Neurological Association.

The (adjourned) Fourth Annual Session of this Association will be held on Wednesday, June 19th, at 2 o'clock P.M., in the Lower Lecture Room of the College of Physicians and Surgeons, Twenty-third Street and Fourth Avenue, New York, and will continue three days.

J. C. JEWELL, M.D., *President.*
E. C. SEGUIN, M.D., *Rec. Secy.*

Prevention of Diphtheria.

Dr. E. M. Snow observes—

Diphtheria is a disease that usually diminishes in severity in warm weather; but once having obtained a foothold in a community, it does not disappear entirely, and increases as cold weather approaches. Great vigilance should be continued in every family, to prevent all possible odors from cesspools, or from night soil, especially in sleeping-rooms. Though undoubtedly contagious in a limited degree, diphtheria is not generally propagated by contagion, and any household that has an abundance of sunlight and cleanliness, and is free from impure-air and impure water, has little to fear from the disease.

Personal.

—Dr. E. H. Clarke, whose "Sex in Education" created such a commotion a few years ago, left, at his death, last fall, a manuscript volume on "Visions: a Study of False Sights," which Houghton, Osgood & Co. have just ready. It narrates many cases of visions which were accounted ghosts or second-sight, and endeavors scientifically to explain the physical and nervous conditions to which such experiences are due. It is a very interesting book, and the eminent character of Dr. Clarke, both as a physician and as a man, will give it special value. Dr. Holmes superintended its passage through the press, and has written for it a prefatory essay on Dr. Clarke.

—At a regular meeting of the Trustees of the University of Pennsylvania, held last week, Dr. Harrison Allen was elected to the Chair of Physiology, lately held by Professor Francis Gurney Smith. Dr. Allen is a graduate of the University, and, with the exception of a lengthy and important service in the medical department of the army during the Rebellion, has been closely identified with the college during his professional life, attending, at the same time, to private practice. He has been Professor of Comparative Anatomy and Zoology in the Auxiliary Faculty of Medicine since that useful adjunct of the University course was founded.

—Leave of absence for one year, on surgeon's certificate of disability, is granted Assistant Surgeon C. K. Winne, U. S. A.

Obituary Notes.

—Dr. Robert M. Bateman, of Bridgeton, formerly Surgeon of the Twenty-fifth New Jersey Regiment, and a prominent resident of Cumberland county, died suddenly, of heart disease, at his home, on Tuesday last.

—Dr. G. L. Shearer, one of the oldest physicians in that part of the State, died at his residence at Dillsburg, June 4th, aged seventy-eight years.

MARRIAGES

ADAMS—WILCOX.—May 30th, 1878, at No. 3410 Baring street, by the Rev. R. Bethell Claxton, D.D., Rector of St. Andrew's Church, West Philadelphia, George Smith Adams, M.D., of Wilmington, N. C., and Miss Mary Wilcox, of West Philadelphia.

ALLEN—ALLEN.—In the First Church, Enfield, Conn., May 9th, by Rev. Fred. Lyman Allen, of Walpole, N. H., brother of the groom, assisted by Rev. Geo. W. Winch, of Enfield, Dr. Sam. J. Allen, Jr., of White River Junction, Vt., and Sarah A. Allen, of Enfield.

BROCK—WIGGINS.—On Wednesday, the 29th ult., at the residence of the bride's parents, by the Rev. Andrew Stevenson, D.D., Hugh W. Brock, M.D., of Morgantown, West Va., and Isabella J. Wiggins, daughter of the officiating clergyman.

CORLISS—EASTMAN.—In Newbury, Vt., May 15th, by Rev. S. L. Eastman, Daniel S. Corliss, M.D., of Springfield, Vt., and Elvira P. Eastman, of West Newbury.

JOHNSON—RANNEY.—At the English Church, Wiesbaden, Germany, May 11th, 1878, by Rev. Llewellyn Williams, B.A., Frederick, eldest son of Wm. Johnson, Esq., of Wath-upon-Dearne, Yorkshire, England, and Addie Marie, daughter of E. W. Ranney, M.D., of New York.

MAXWELL—MACMARTIN.—At Santa Barbara, Cal., Friday, May 24th, 1878, by the Rev. Edward Graham, Elizabeth MacMartin, daughter of the late Peter MacMartin, and Wm. H. Maxwell, M.D., both of New York.

RICHARDS—CURTIS.—In Hillsborough, N. H., May 14th, by Rev. E. Pepper, Paschal B. Richards, M.D., of Claremont, and Mary C. Curtis.

RIPLEY—VAN DOREN.—On Thursday, May 23d, at the residence of the bride's parents, No. 274 Fifth av., by the Rev. Dr. Vermilye, Edward H. Ripley, of Rutland, Vt., and Amelia A. D., daughter of Dr. M. Dickeman Van Doren, of New York.

DEATHS.

DOUGAL.—At Milton, Pa., May 23d, Dr. James Dougal, one of the most eminent and successful medical practitioners in Northern Pennsylvania, aged eighty-three years.

HALL.—At Tarrytown, New York, on the 25th ult., Dr. William E. Hall, aged 33, son of James E. and Violetta M. Hall.

LEHMANN.—At Leon Springs, Texas, Henrietta, wife of Dr. I. Lehmann, and eldest daughter of Samuel and Maria Kaiser, in her 25th year.

LEWIS.—In Beirut, Syria, April 11th, Hattie Goodell, formerly of Amherst, Mass., wife of Rev. Edwin R. Lewis, M.D., of the Syrian Protestant College.

STEEL.—In New York, on Tuesday, May 28th, Jas. E. Steel, M.D.

TYLER.—In Montpelier, Vt., May 21st, Dr. B. O. Tyler, aged 80 years, 3 months.

NEALL.—On the 3d inst., Dr. Samuel W. Neall, Jr., eldest son of Dr. Chas. H. and Sarah A. Neall.

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4th, It meets indications not met by that Salt.

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"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.
DR. I. C. BARLOTT."

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Member Va. State Board of Health, and Sec'y and Treas. Medical Society of Va."

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THE

MEDICAL AND SURGICAL REPORTER.

No. 1112.] PHILADELPHIA, JUNE 22, 1878. [Vol. XXXVIII.—No. 25.

Original Department.

Communications.

POND'S AMERICAN SPHYGMOGRAPH.

Read before the Philadelphia County Medical Society,

BY FRANK WOODBURY, M. D.,
Of Philadelphia.

Having, by request of Professor DaCosta, and under his direction, made some trial, in the wards of the Pennsylvania Hospital, of the sphygmograph invented by Dr. E. A. Pond, of Rutland, Vermont, I wish to exhibit this instrument to the Philadelphia County Medical Society, and to communicate the results of our observations. The invention is protected by a patent issued by the United States to Dr. Pond, in 1875. This instrument was first brought to the notice of the profession in November, 1875, when it was exhibited by Dr. Pond, at the meeting of the Suffolk District Medical Society, an account of which will be found reported in the Boston *Medical and Surgical Journal*, for December 23d, 1875. Since that period the inventor and his son, Dr. Wallace R. Pond, have shown it at a number of medical meetings, but not in the form in which it is now seen. The form originally was simply that of a sphygmoscope, which idea was naturally followed by the conception of the addition of a recording apparatus, to convert it into a sphygmograph. Many improvements were gradually added, until the instrument assumed its present shape, under which it was first presented before Dr. Stella's Section of the International Medical Congress, held in this city during the Centennial year.

This sketch of the history of the invention is given because much the same principle of construction is adopted in the sphygmograph of Dr. Keyt, of Cincinnati, who published a description of his instrument in January, 1876,* in an article entitled, "The New Sphygmograph, or Instrument adapted as a Sphygmograph, Sphygmometer, Cardiograph, Cardiometer, and to other Uses." It is unfortunate for Dr. Pond that no full description of his instrument had appeared, anywhere, previous to this publication by Dr. Keyt; for, although the principle of construction was undoubtedly verbally explained by Dr. Pond, at the meeting of the Suffolk District Medical Society, the invention has been credited to Dr. Keyt by writers, among others, Dr. F. G. Smith, in the American edition of Dr. Carpenter's work on Physiology, published in 1876. In a private letter from Dr. E. A. Pond, dated Rutland, April 24th, 1877, he says: "I have been five years at work on it, and completed it about two years ago, and have been using it myself, to perfect it, before bringing it out, and am just commencing to bring it to the notice of physicians;" which explains his delay in publication; evidently desiring it to assume its permanent form before publishing it fully.

The instrument differs from that of Marey, in transmitting the impulse of the artery not immediately to the lever, but indirectly, through the motion communicated to a column of water and a glass float, which finally moves the recording pen. The construction and character of the new sphygmograph, as seen in the instrument, and as shown in the cut, are readily understood. The main portion consists essentially of an upper and a lower glass tube. The lower tube, containing fluid and having a rubber diaphragm stretched on the lower end, is, in use, the part applied to the pulse. The

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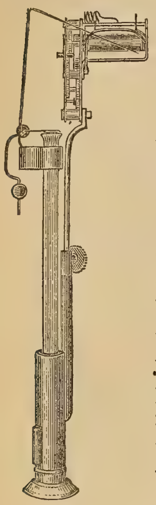
* New York *Medical Journal*, vol. 23, p. 26.



upper and smaller tube fits the larger and lower tube by means of a packing on its inferior end, thus moving freely in and out, and determining at desire the height of the fluid in the small part of the tube. Inside the small part of the tube is a free float, made of glass, which floats according to the height of the fluid, and obeys any movement of the fluid, or any vibrations from the rubber cap on the lower end of the instrument. A pendulous jointed needle clasps on the upper part of the tube. A watch movement is also attached to the tube, to move the slide on which the trace is to be made. A holder clasping the wrist, fastened by means of a sliding bolt, retains the instrument in place over the artery. A dial may be added, which shows the amount of pressure used.

An extra tube, having a larger bottom, is prepared for cardiographic traces.

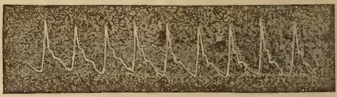
The application of this instrument is simple, and, indeed, it may, after a little practice, be used off-hand, *i.e.*, holding it as you would a pen; apply the rubber diaphragm to the artery, vein or heart; use the requisite pressure to bring the float against the arm of the needle; place the free end of the needle on the slide; smoke very slightly a slide of mica, glass or paper; put the end between the rollers, start the movement, it will run through, and the needle will trace the pulse on it. Photographer's varnish will fix the trace so it can be handled. In using the holder, place the pressure dial on the lower end of the bolt, and have the blades of the holder between the dial and the nut, and slide it into place, the bolt fitting the slot in the end of the holder. Care must be taken to see that it is applied exactly over the artery.

There is also attached a ruler, so that the slide can be divided into millimetres while it is moving along, as seen in one of the specimens exhibited. These are two millimetres apart. Dr. Pond states that he has also used the needle reversed, to move down on the slide, and can provide the case with both kinds of needles. I am also informed that these instruments are now made with a governor on the watch movement, so that it can be run at any rate of speed desired.

Professor DaCosta has been much pleased with the tracings made in this manner, and says that some of them are the finest he has ever seen.

I have found that by the aid of Pond's sphygmograph I have obtained far better tracings of the radial pulse than I ever succeeded in getting with Marey's instrument. Owing to peculiarities in the instrument, and delicacy of construction, it requires considerable practice in order to become acquainted with its capabilities and to gain skill in using it, but the results are so much better than with any inferior instrument, that the experimenter feels repaid for his trouble immediately on comparing the tracings.

The cut shows a normal radial tracing, obtained from the pulse of Dr. Pond.



Among the several tracings herewith submitted, may be seen some taken from cases of aortic and mitral disease, typhoid and scarlet fevers, and from children at different ages. Of the numerous sphygmograms I have made, these are selected for their clearness and characteristic features, some of them being almost typical of the condition that supplied them. While the sphygmograph has not thus far obtained for itself the position of a *sine qua non* in the diagnosis of any particular affection, yet I feel warranted, at the least, in saying, in view of these specimens, that it offers corroborative testimony which is capable of strongly confirming impressions arising from the usual methods of physical examination.

I think that the members of this Society who examine the tracings presented will appreciate the advantages of the American sphygmograph, which, although not entirely free from fault, is, perhaps, better adapted to the purpose than any other instrument with which I am acquainted.

VIBURNUM OPULUS.

BY CHAS. H. HALL, A.M. M.D.,
Of Macon, Ga.

If any substitute could be found which would give relief in painful menstruation, very much might be accomplished toward stopping the fearful growth of the opium habit, which now stares us in the face. This habit numbers more females than males, and they generally point to their medical advisers as having prescribed opium for pain, and frequently this special kind of pain. If any agent can be found which will give sufficient relief to prevent the use of this potent drug (unfortunately as potent for evil as for good), very much is accomplished.

The natural order caprifoliacæ has furnished us a medicine (viburnum prunifolium), which has only to be used to be appreciated. Dr. Phares, of Mississippi, gave its peculiar and almost specific sphere of action. So much confidence have I in it, after several years of clinical experience with it, that I was readily attracted by what I read from eclectic authorities of another of the same natural order caprifoliacæ, viburnum opulus, high cranberry. For description of plant and history I refer you to "King's American Dispensatory," 10th edition, page 858. It is spoken of by all eclectic authorities as a powerful antispasmodic, and is popularly known as cramp back; is said to be "very effective in relieving spasms and cramps of all kinds, as asthma, hysteria, cramps of limbs and other parts, in females." What especially attracted my attention was the confidence with which it was advised in certain varieties of painful menstruation. I quote the language: "I have used the viburnum opulus in many cases of neuralgic and spasmodic dysmenorrhæa, and have yet to meet with a single case where it has failed to cure." (Hale's Therapeutics).

A few cases selected from my case book will show, in a clear point of view, its promptness and efficacy.

Colored woman, of thirty-five; never has borne children; general health excellent; works hard, as a washerwoman. Every month is regular in menstruation, but suffers tortures. Says "a something which looks like shreds or patches of flesh, comes with it." Will not be examined. Has neither time nor means for any treatment that will "lay her up." Has tried a variety of remedies, and nothing has given relief but opium, at the time, in some form. Gave viburnum opulus, three times a day for two weeks before menstrual period, and every half hour when period is on her. Reported to me four times, at intervals of one month, taking it regularly; suffering each month, but not taking opium, her pain not demanding it. She quit taking the viburnum and reported afterward that she had suffered as much as ever, and would not take any more of my medicine, as it did not cure unless she was always taking it. Since this was written, she has returned for the same remedy.

Miss A., young lady of twenty. Has, from commencement of menstrual life, suffered each month; pains spasmodic; general health good; has the appearance of health; is subject to hysterical attacks; has been using opium in some form each attack, usually requiring three or four doses during the first twenty-four hours. Put her on viburnum three times a day during the whole interval, every half hour at the period. At next menses after commencing treatment had no pain. Continuing treatment, but limiting it to two weeks before, she has passed five menstrual periods without pain. She persists in taking the medicine, as I assured her it could do no possible harm.

Mrs. ——, aged twenty-two. Married two years; no children; had no trouble with menstruation until she was upset in a boat when menses were on her. Since has suffered each month. Viburnum used four months; has only slight uneasiness now, each month; has taken no medicine for several months.

Mrs. ——, twenty-one years of age; four years married; has great pain since marriage, and never any before. Examination by speculum shows very much elongated neck; very small cervical canal. Had cervix dilated, by another medical adviser, and with temporary benefit. General health poor; very thin, constipated, and in very low spirits; used sponge tents immediately before each period, and prescribed viburnum, at the same time paying attention to general condition for three months. It is now twelve months since treatment; has her menses without pain; her general health is much better than it ever was before. She continued viburnum two months after local treatment was stopped.

Mrs. ——, aged twenty-five; since 1876, when an abortion, on account of placenta prævia, was produced on her, she has suffered very much with spasmodic pain each month. Viburnum, two weeks before expected time, gave, first time, great relief; took it again before next period, and was entirely relieved.

Many other cases could be given, but these sufficiently illustrate some varieties of painful menstruation, and show that positive effects were produced by the drug. I feel confidence in predicting cure when the pain is spasmodic and neuralgic; palliation when it is congestive or pseudo-membranous. But not alone in painful menstruation have I found it useful. I am now attending a case of menorrhagia; one of the chief difficulties was the intense pain—"cramp," as she expressed it—in the region of the uterus and both ovaries. Opium, in any form, caused so much nausea, so completely took away all appetite, that I was compelled to think of something which might relieve her. I gave viburnum opulus. The paroxysms were as speedily relieved by it as by opium under similar circumstances. I have frequently witnessed the same relief follow its use in similar cases, where uterine pain was complained of, without any inflammation of the organ.

Mrs. —— was suffering very intense, cramp-like pain over uterus and ovarian region. Four months ago aborted twins; since which she has had more or less hemorrhage. For three days in pain. To-day pain greatly increased; no fever. To have turpentine stupes; viburnum opulus every half hour; inject a quart of hot water into vagina twice daily. Her pain was very much moderated after a few doses. When I saw her next day she was free from pain, but very sensitive (over the whole region which had been painful) to touch. I made appropriate treatment for hemorrhage, and in a few days she was much better. I believe that the reputation of excellent medicines are frequently ruined because of the inert drug used by, or the improper manipulation of, the manufacturer. The fluid extract of the plant did not give as satisfactory results as the tincture.

Dr. Piffard, of New York city, in the *Medical Record*, suggests that the application of heat destroys the medical virtues of some plants, and he further says that we need fewer extracts and more succi. My experience with tinctures, made from the green plant, of many drugs, is so pleasant, that I fully agree with Dr. P., and hope he may get some of his ideas incorporated into the next pharmacopœia. Dr. Thomas, of New York, says that "he who regards dysmenorrhœa as a disease, and applies to every case a uniform plan of treatment will rarely meet with success in its management;" a wise saying, which will apply to every disease.

You can scarcely treat any two cases of any disease alike. You must individualize each patient, and treat what is presented in that patient. I do not mean that viburnum can occupy any position as a cure-all. We must pay attention to the condition of the patient; correct by appropriate treatment what needs correction; use viburnum opulus to relieve the pain, as it does, and trust that, as we advance in our therapeutical knowledge, we can assign to it its true and legitimate mode of action. There are many cases of painful menstruation where we can discover nothing wrong; others, as young girls, where we are not allowed, and unless deemed absolutely necessary should not ask, to treat by examination, etc.; others that after we have examined and endeavored to correct all that is amiss, still suffer pain; in these cases try this remedy; see if it will prevent the pain at all, and save the opium drugging. I think that this medicine is worthy of further trial, and trust it may do for others what it has seemed to do for me—give relief to this class of sufferers, and possibly have prevented some of my patients from becoming slaves to the opium habit, or drifting into all kinds of quackery, hopeless of relief at our hands.

THE OPIUM HABIT.

BY S. W. GOULD, M.D.,

Of Argos, Ind.

As much has been said and written in the past few years concerning the opium habit, its cure, etc., I shall give you a few thoughts upon the subject, founded upon a professional experience of twenty years. I have been thrown in contact with many so-called opium eaters, have closely studied the effects of the drug upon the organism, and am compelled to disagree with most physicians who have written on the subject.

In the first place the general opinion prevails, that, after the opium habit is formed, the victim is compelled to gradually *increase* the amount taken, so that finally the amount demanded is enormous. *This is an error.* In the beginning of my professional life I became acquainted with a morphine taker, who was extremely anxious to abandon the habit, and who consulted me in relation thereto. He had made several unsuccessful attempts, and I, at that time ignorant of the *peculiar* power of the agent over the nervous system, attributed his failure to want of resolution. He said his determination was strong, but that when the system was free from the influence of morphine the suffering was simply indescribable. He was an intelligent, resolute gentleman, and therefore, a good subject for experiment. I requested him to ask me no questions concerning the treatment, but assured him of my ability to give him the mastery over the habit, *with his assistance.* I gradually reduced the amount of morphine (he was taking five grains per diem), and (concluding the mind had much to do in the premises, as I had been taught by Professor Lawson and others) gave him a harmless, worthless mixture, which I was pleased to call an "antidote." I was especially particular in directing the use of the "antidote," being desirous of impressing his mind with the idea that my reliance was in that, and not in the disguised morphia mixture. The work progressed swimmingly until I had reduced the morphia to abou two grains for a dose, when the system inaugurated a most fearful rebellion. He ached in every joint, his head, to use his own words, was bursting, a diarrhœa, dysenteric in character, supervened; in fact, the poor fellow suffered beyond mortal endurance. So anxious was he to be freed from his bondage, however, that he endured this suffering for forty-eight hours before he would permit me to administer a dose of morphia. But I learned one important fact, that it is not only unnecessary to *increase* the amount of opium taken, but that the amount can be *reduced* to a certain point without pain or inconvenience.

Failing, by this method, to cure my patient's habit, I endeavored to discover some *real* antidote; but in my (then) imperfect understanding of the matter, it is only necessary to state that I failed. But we had the quantity reduced, and I advised him to take but three grains per diem—increasing under no circumstances—until, perhaps, professional advance might open up a way for his redemption. I also informed him that, after taking the three grains for a considerable time, he could again gradually reduce to a certain point. He has followed my advice; he has been addicted to the habit for thirty years, and he is now a sound, healthy man, physically and mentally. A few years ago I informed him that I could redeem him from his bondage; but his reply was, "I am not compelled to increase; I am in the enjoyment of perfect health and intellectual vigor, and I can conceive of no necessity for the undertaking." And, Mr. Editor, another fact is worthy of record. During this thirty years he has lived in what is known, in common parlance, as a "sickly neighborhood"—a malarious district—yet he has been remarkably free from disease of any kind. Can it be that the opium has acted as a prophylactic? I don't say it has, yet, with at least two scores of opium eaters known to me, there is an astonishing immunity from disease, and especially that of an epidemic character.

The case I have reported is a representative one, from a long list, and I write it up to call forth the opinions of other practitioners, who, perhaps, have heretofore been afraid to diverge from the beaten track. I want none of your readers to construe this article into a defense of the opium habit, for I would condemn it, if for no other reason than that man should be absolutely free from all bondage, for nothing is more humiliating to a proud man than the thought that he is a *slave.* I am writing to correct what I believe to be an error—an error which has possessed the medical mind for all time—the doctrine of the fearful destructibility of opium. No doubt, if taken in enormous quantities, the nervous centres are damaged, perhaps irreparably; but, in moderate quantities, my experience does not accord with that of most writers. In my next I shall consider the matter of cure, and think I shall be able to inform my professional brethren of the means by which the most confirmed opium slave can be painlessly redeemed.

CASES OF TRICHINIASIS.

BY J. H. M. PEEBLES, M.D.,
Of New Castle, Pa.

I take the liberty of sending you the history of some cases recently under treatment, which may not be wholly uninteresting. On Monday, January 28th, I was called to the family of J. R., consisting of himself and wife, aged 37 and 34, and five children, aged respectively 17, 14, 12, 6 and 4 years. The family were assembled in one room, and on entering, the father exclaimed, "Here we are, Doctor, sick, and all sick alike."

What struck me particularly, was the œdematous appearance of their faces, especially the eyes and forehead. They had all been sick for about a week; all attacked with colicky pains and diarrhœa. The two younger children had an occasional attack of vomiting; they all complained of being so tired, the father saying he felt more fatigued than he had done after a hard day's work in rolling mills, and I noticed they all assumed a lounging posture; their tongues were coated; their pulses accelerated; but the symptom that most alarmed me was their temperature; that of the father being 104, and of the children ranging from 101½ to 103. In the father the conjunctivæ were inflamed; he also had photophobia; no appetite and but little thirst. So, here I have seven persons with symptoms all similar; and to answer the father's eager question, "what poisoned them?" I elicited the following history: "About a week before Christmas they killed an old black sow that had been running loose all fall, until a month before Christmas, when they penned her up to fatten, in a stable much infested with rats (as I afterwards learned). They made sausage, and cooked it by placing it in boiling water, not over five minutes, as I learned on cross-examination, and then smoking them. The father ate the most, eating them for breakfast and supper, and taking a plentiful supply to the mill, for dinner." Here I thought I had the dread trichinæ. To go on with the proof—"the sausage being all eaten, I procured a piece of the adenoid muscle, but my microscope being out of order, I sent it to my friend, Dr. Leasure, of Allegheny, with instructions to telegraph.

The next day I received the following telegram, "The parasites were abundant." I also sent a piece to Drs. McKeet and McMann, of Pittsburg; the former telegraphed, "The pork contains trichinæ in abundance," and the latter, that "the pork was chuck full of trichinæ; the family had better make their wills."

On Wednesday, accompanied by Drs. Wallace and my son, Dr. H. P. Peebles, I found the patients better, excepting the father, whose eyes were entirely closed; his tongue had that typhoid appearance, dry and brown; was more restless, and slept but little; appetite entirely gone; muscular debility so great that he could not walk across the floor; pain on pressure, especially in the muscles of the shoulder and throat. The children appeared better; appetite returned, and the œdema of the face all gone. Well, to make this too long communication shorter, they all appeared to grow better, day by day. The father still being the worst. The œdema had left his face, but his feet are now swollen, which symptom is seen in the second child. The father continued to complain of great constriction of the chest, deep inspiration giving him much pain. Another symptom which he had, and the others to a less degree, was snorting at night. I will add that at no time had the temperature of any of the family fallen below 101°.

With regard to the treatment: in my first visit, after having made out my diagnosis, that I was dealing with trichinæ, I prescribed the following, which, with the advice of my medical friend, I have not changed. I ordered sulphur, cream tartar, rhubarb, in a powder, mixed in molasses, a teaspoonful three times daily with the night dose; I ordered one grain of santonin, together with the mixture of quinine, tinct. ferri, and creasote, before meals. So far they all appear better, and my prognosis would be, in cases with which I am familiar, that such a convalescence will be favorable.

A SUCCESSFUL CASE OF OVARIOTOMY.

BY R. STANSBURY SUTTON, A.M., M.D.,
Of Pittsburg, Pa.

On the 16th day of March, 1878, Miss G. called to consult me, at my office, in regard to an abdominal enlargement. She had consulted others, two of whom had pronounced her pregnant. She was very large, but her face did not indicate very grave disease. I asked her but few questions, and dismissed her without an opinion, but with the promise that I would see her again with her family physician, who was of the opinion that her trouble was an ovarian tumor.

April 13th, 1878. I met Dr. W. I. Langfilt, the family physician, in consultation, at Miss G.'s home, to-day. She is twenty years of age, of very healthy parentage, and has always resided in the country. We found her sitting on the floor, resting against her sister, in a semi-recumbent posture. She complained of great pain in the left side. She is very pale, and has lost much flesh; pulse 112; temperature 98½°. In August last she discovered a lump in her left side, above the groin, and in November she ceased to menstruate. Her measurements are as follows:—

Around the body at umbilicus	38¼	inches.
From pubis to "	7½	"
" sternum to "	8	"
" right superior spinal process to umbilicus	8¼	"
" left superior spinal process to umbilicus	9½	"

The bladder is empty. Percussion gives uniform dullness, and palpation tolerably distinct fluctuation over the entire abdominal surface. The breasts are flat and flabby, with no areola. The superficial abdominal veins are slightly enlarged, and the surface of the belly is uneven. No fetal heart sound can be heard. The uterus is retroverted and the fundus readily felt through the rectum. The aspirator failing (by reason of being out of order), we tapped one cyst with a small trocar and emptied it of a quart of fluid, similar in appearance to oatmeal gruel. We decided that we had to deal with a multilocular ovarian cyst, and the preëxistence of attacks of pain led us to suspect adhesions.

I examined the fluid with the microscope, and found it contained the compound granular cell, Gluger's glomerule, oil globules, epithelium and granular matter. After this tapping, vomiting and purging, violent in character, set in, but under Dr. Langfilt's care the poison was safely eliminated, and in a few days the lady was about the house again.

May 7th, 1878. Saw her at home to-day, with Dr. Langfilt. She is in fair condition, excepting a very red tongue, and some flatulency. We put her upon boiled milk and flour, to the exclusion of all other diet. Also, to take each morning, in a tumbler of water, a powder containing—

℞. Lithia carb., gr.j
Potass. bicarb.,
Soda bicarb., āā gr.v.

This treatment was continued until the afternoon of May 13th, when we met again to perform ovariotomy. Present Drs. Langfilt, Sr. and Jr., Huselton, W. I. Riggs, McCoy, Rea and Porter. The anæsthetic, consisting of $A^1C^2E^3$, was administered by Drs. McCoy and Riggs. Assisted by Drs. W. I. Langfilt and Huselton, I proceeded to operate as follows: An incision, five and a quarter inches long, in the linea alba, was carried through all the tissues, exposing the cyst. Before dividing the peritoneum all bleeding vessels in this incision were secured. The color of the cysts was a dark purple, and the trocar hole was open, and through it fluid oozing into the belly, in a fine stream. A large trocar was carried into the lowermost cyst, the wall of which tore beyond the trocar, like wet paper. I withdrew the trocar, tore open the cyst with the hand, and scooped out its contents on to the oiled silk sheet; through this cyst, with the hand, I entered the two remaining cysts, guiding the rush of fluids along the wrist and forearm on to the sheet, whence it ran into the tub. As the cysts became lax, from loss of the fluid, they were drawn over the edge of the wound, and out of the belly. Before tapping the cyst I had broken up with the hand extensive adhesions to the lateral and anterior walls of the belly, and when the cysts were fully delivered, free hemorrhage from the upper part of the abdominal cavity attracted my attention. The pedicle, three and a quarter inches broad and very short, was secured by a double ligature, and the cysts were cut away. I now carried the abdominal incision an inch above the umbilicus, in order to expose better the source of the hemorrhage. After some time was lost endeavoring to stop the bleeding, which was from a surface two by five inches on the right lateral and anterior wall of the abdomen, by sponging, I applied to the surface, with the finger and sponge, freely, the solution ferri persulphatis. This stopped it, and after completely clearing the belly of all clots of blood and other extraneous matter, a clamp was applied to the pedicle. The latter was secured, as usual, in the wound, which was closed by carbolized silk sutures. The patient reacted well, vomited none. She was given one-sixth grain morphia sulphatis subcutaneously; ordered six drops tincture of opium every two hours, and one drop tincture of aconite root every hour, also some lithia water every two hours.

May 14th, 8 A. M. Patient slept some. Pulse 112; temperature 101°. No pain. Continue aconite and lithia water every two hours. Discontinued tinct. opii until required by pain. 8 P. M. Pulse 120; temperature 102½°. Continued treatment. Some drainage from about the pedicle has occurred. Patient has taken one tablespoonful of milk several times.

May 15th, 8 A. M. Pulse 104; temperature 100½°. Continued treatment. 8 P. M. Pulse 104; temperature 101°. Continued aconite and five grains tinct. opii ever two hours; also lithia water. Has passed gas per anum. To have an ounce of milk every two hours.

May 16th, 8 A. M. Pulse 82; temperature 99½°. Continued treatment. To have one and a half ounces of milk every two hours. 8 P. M. Pulse 94; temperature 100°. Removed three stitches.

May 17th, 8 A. M. Pulse 82; temperature 99½°. 8 P. M. Pulse 94; temperature 100°.

Continued aconite and opium; also one grain quinine every four hours. Milk ad libitum.

May 18th. Pulse 90; temperature 100°. Removed one stitch. Bowels moved.

May 19th, Pulse 96; temperature 99½°. Removed one stitch. Cut away the clamp. To have beefsteak and coffee for breakfast; milk ad libitum.

May 20th, 4 P. M. Pulse 76; temperature 99¾°. Removed the last stitch. One week has elapsed since the operation. After this date I did not again see the patient, and her treatment was conducted by Dr. Langfilt alone. His report is as follows:—

May 21st. Pulse 84; temperature 99°.

May 23d. Pulse 80; temperature 98¾.°

May 25th. Pulse 84; temperature 99½°. Discontinued all medicine, excepting one grain of quinine, three times a day. To have good food, in moderate quantities, with plenty of milk.

June 1. Pulse rose to 112, temperature to 100¼°, no apparent cause for it. The patient has been eating strawberries.

June 7. Pulse good, temperature normal; wound healed solid, appetite firm, bowels regular, patient sitting up. Has gained considerable flesh, and is, practically, well, and discharged from further care.

The cysts weighed three pounds; the fluids contained in the cysts measured 23 pints. The fluids differed in consistency and color; from one cyst the fluid was thick and ropy, from another it looked like well-made oat meal gruel, and from the largest cyst it was thick, and the color of beef tea.

More than an hour was spent cleaning out the belly after the cysts were removed, and all the intestines had to be disturbed to make sure that nothing was left behind. That this procedure was complete, the result clearly shows.

The case proves the safety of liq. ferri persulphatis as a hæmostatic within the peritoneal cavity, and is one offering to the ovariotomist encouragement in his perilous undertakings. When such difficult cases make good and speedy recoveries it is very encouraging.

The adhesions were to the anterior and lateral walls of the abdomen, to the omentum and diaphragm. These adhesions were not old, breaking readily before the hand, with a crackling noise.

In all the ovariotomies I have done, I have found no case where the adhesions were so numerous, but have found them stronger.

CASE OF LITHOTOMY IN A FEMALE.

BY R. FOWLER, M.D.,

Of Elmo, Texas.

I here give you the details of a rather unusual case, the first I have ever seen in a practice of twenty years. Stone in the bladder of a female is so lightly touched upon in works on surgery as almost to lead one to believe there are no such cases, and thus conduce to the making of a wrong diagnosis.

I was called to see Mrs. S. on the 1st instant; aged 39. I found her complaining of intense pain in hypogastric region, also in micturition. She was very feeble; pulse weak, 95 per minute; dropsical in upper extremities; thought I detected a tumor in the left iliac region, which I diagnosed pelvic abscess. She stated she had been in bad health five years, but had done her housework until some four or five weeks previous to my visit. During her illness she had been treated by several physicians, one pronouncing her disease "change of life," and the last one before me, from what she informed me, proably diagnosed it pelvic abscess. I made a slight vaginal examination on my first visit, but it gave her such agonizing pain, and the family being opposed to giving chloroform, I desisted, promising to return the next day, and bring my talented friend Dr. Splawn to assist me in giving chloroform and make a thorough examination, but I was hastily summoned back that evening. Next morning, in attempting to urinate, she was so much troubled that I attempted to introduce the catheter, but was stopped at the neck of the bladder by a stone, which emitted a distinct sound on being slightly struck; on using the least force, it caused such excruciating pain I desisted and promised to return the next day, and with the assistance of Dr. Splawn, remove the stone from the urethra, thinking it had lodged; I had no idea it nearly filled the bladder, as I afterward discovered. On the 5th, in consultation with Dr. Splawn, I saw the case, and informed him of my diagnosis. Having chloroformed her, Dr. Splawn, at my request, then proceeded to examine her more carefully, and instead of the stone occupying the urethra, as I supposed, he informed me it was entirely within the bladder, and a very large one at that; there was probably no pelvic abscess, as I was inclined to believe; she had previously told me she had discharged half a pint of fetid pus from the vagina, about a week before I first saw her. On examining her I found Dr. Splawn's diagnosis entirely correct; I could distinctly feel the stone through the vaginal walls. We returned on the 9th, with our friends Dr. Dumas and Mr. Pratt, the very intelligent representative of the firm of Codman & Shurtleff, who kindly, placed his large assortment of instruments at our command, not being able to procure instruments earlier, and I proceeded to operate. Dr. Dumas administered chloroform. Dr. Splawn holding the staff, I cut through the vaginal wall, and soon reached the stone; it was partially embedded, and after very great exertion, I extracted it. It was probably oxalate of lime, smooth on one side, and roughened some on the bottom, weighing eight ounces, measuring eight and a half by seven and a quarter inches. Dr. Splawn very expeditiously closed the opening, and she soon aroused from the effects of the chloroform. She seemed to suffer considerably. I gave her half a grain of opium. She soon fell asleep, which I saw was deepening into coma, and quietly expired on the night of the 10th, though the operation had nothing to do in the production of her death. She was worn out, from cystitis; but the mystery was, how she carried a stone of such enormous dimensions for so long a time, and kept up and performed her household duties within four weeks of death.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. J. AITKEN MEIGS.

REPORTED BY J. A. CARNCROSS, M.D.

Case of Unilateral Epilepsy, with Chronic Congestion of the Brain, Following Varicella and Morbilli.

GENTLEMEN:—The first case I have to show you seems to be of sufficient interest to occupy our attention for a few moments. This little girl, named Sarah S., aged nine years, comes to us with the statement that she is suffering with epileptoid attacks, apparently affecting one side of the body only, and, as you may doubtless observe, she is also afflicted with partial dementia. When about one year old, her mother tells us, she had an attack of varicella, or chicken-pox, followed, in several months, by an attack of measles. It was some time after these two attacks that the child was suddenly seized with convulsions, the immediate cause of which was not apparent. Her parents observed that from the first these muscular movements were apparently confined to the left side of the body. She has had, at times, as many as five of these abortive attacks in one day, and a month may then elapse without the occurrence of a single attack. During the spasms, which last only a few moments, she is unconscious, but does not froth at the mouth nor bite her tongue, and the whole body is drawn to the affected side. From the child's actions and silly smile there is evidently some impairment of intelligence, or incipient imbecility. Her mother informs us that she sometimes obeys what is said to her, at other times is disobedient, though she always seems to understand well when spoken to, and always recognizes her mother and playmates. She exhibits a strong disposition to play. She does not manage her knife, fork or spoon well, at the table, but drinks without difficulty. If permitted to go out into the street alone, she wanders away and is apt to be lost. She does not sleep well, is very restless, and has constant movements of the hands. Her appetite is fair, bowels regular, general health and physical condition good. She never shows any disposition whatever to become violent or angry. Her vision is apparently good, though, to render this more positive, an ophthalmoscopic examination of the eye will be made.

Although this is a very rare condition, I am certain I have seen three cases of epilepsy restricted to one side. In all probability it is the result of unilateral congestion of the medulla oblongata. The child walks well. The mother says there is the same exhibition of restlessness at night, which, in ordinary chorea, is not the case; the limbs are quiet. This restlessness is a condition we often see occurring in cases of dementia, no matter what the age; whenever there is any disturbance of the intellectual faculties there is apt to be extreme restlessness at night. For the reasons enumerated, after reviewing the symptoms, I infer that we have here an epileptic rather than choreic condition, associated with incipient dementia. It would be very difficult indeed to get an idea of the origin of the trouble, but I might remind you that the child has a history of having suffered from two of the exanthematous affections, and these occurring at the time when the brain and cord are being so rapidly developed, it is possible that we have here a hyperæmic condition of the cerebro-spinal centres set up, which would produce the condition we have before us. This hyperæmic condition, we know, is frequently induced by the exanthemata, finding expression in a dilatation and loss of tone in the vessels, with hyperæmia, or congestion. We cannot, however, make a positive diagnosis without an ophthalmoscopic examination. I bring this case before you, especially to show you the points I have demonstrated, and also that you may study the curious actions of the child yourselves. You will anticipate me, I am sure, in what I may prescribe for this child; perhaps the majority of the class would say, after what I have repeatedly said in regard to the indisputable power of the bromides to reduce the volume of blood in the cerebral vessels, that here is a case in which the bromides would be eminently appropriate. The indications are clear, and I will put the patient on the use of this drug, with the hope that it will reduce the hyperæmia and irritability of the medulla oblongata, overcome the spasmodic action, and produce what this child so greatly requires, good, sound, steady sleep. I, therefore, would give her bromide of potassium in ten-grain doses three times a day. She will come before you again after she has been a short time under treatment, and in the meantime an opthalmoscopic examination shall be made.

Syphilitic Paresis of Arm and Forearm.

Our next patient—S. W., aged nineteen—is suffering with paresis of one arm. Paresis is a failure of muscular power in a certain group of muscles, not amounting to the absolute loss of power which we denominate complete paralysis. This affection has lasted for three weeks, and came on suddenly. She says that it was not preceded by numbness, but there had been pain in the arm for a month or two prior to the attack. This pain, located chiefly in the deltoid muscle, was severe, but was not felt in the shoulder or axilla. There is tenderness on pressure in the region indicated, but the arm can be moved without causing any annoyance. She reports that the pain in the arm is just as severe as it was at the beginning, but it has not increased in intensity. The failure in power, however, is increasing, and the patient finds much difficulty in making the delicate movements of the hands, as in using the needle, but she can take up from the table this piece of paper, with ease. There is no loss of sensation, as tested by the æsthesiometer. The grasp of the hand is impaired. We always resort to this test to roughly estimate the failure of power in the absence of an appropriate instrument to recognize the actual amount of the loss. This girl is suffering with an acquired syphilitic taint, for which she has been already under treatment, and I have very little doubt the paresis in this case is connected with that cause. I do not think the seat of lesion resides solely in the muscle, but rather in the nerve-trunk distributed to this region, the disease running not very far back into the brachial plexus. The prognosis is favorable. While it is possible for this case, if neglected, to run into complete paralysis, I think we will obtain good results here by the prompt administration of alterative and anti-syphilitic remedies. She has been taking, for a week, iodide of potassium and the bichloride of mercury, with apparently no special improvement; on the contrary, she thinks she is getting rather worse. We will increase the quantity she is taking, and in addition we ought, assuredly, to derive benefit from the galvanic current, one pole to be applied to the back of the neck and in the axilla, and the other moved up and down the muscles of the arm and fore-arm. We will give the patient the iodide (grains ten) and the bichloride (grain $\frac{1}{16}$) three times a day, and at the end of a week will, perhaps, double the iodide. It may be necessary to keep her under the influence of large doses of these remedies for a long time. It is important to see that the patient is properly clothed, and especial attention should be directed to the diet and the condition of the bowels.

Case of Progressive Locomotor Ataxia.

I have a case here which also belongs to the group of neuroses, and which will serve to illustrate some points in not only the pathology, but the physiology of the spinal cord.

J. N., aged 45 years, is suffering with a train of symptoms, due, I think, to locomotor ataxia. He has been ailing for two and a half or three years. He describes his trouble as beginning with a sensation of twitching in the soles of his feet, unaccompanied by pain. This was soon followed by acute suffering, the pains being of a shooting character, darting up the tibia. He says that he still suffers almost constantly from these pains, which now extend up into the hips and back. They are so severe that they keep him awake at night, and he also occasionally feels them in the arms and hands and also in his head. The pain across the loins was noticed at the beginning of the disease, and he has had some difficulty with the bladder, passing water freely, and often with difficulty. Two years ago he began to be troubled with giddiness, and sometimes appeared to see only half the object he looked at; he only very rarely suffers in the same way now. He never sees objects double, and ordinarily sees plainly, without cloudiness. There is no evident squinting, and he can cover the whites of both eyes, to the inner canthus, in following the movements of my finger. Now here is a case in which we have a history of shooting pains in the limbs and difficulty of vision, which have been coming on for several years. The grasp of the left hand is also a little defective. He says he noticed, about a year ago, upon going out in the dark, that he could not walk as well as usual; this was the first evidence he had of this defect. You notice when he walks there is a tendency to balancing; it is a pretty steady walk, and there is no inclination to reel or make arcs of circles, as an individual under the influence of alcohol would do, but he has difficulty in maintaining his equilibrium. When the feet are brought together and the eyes closed, you observe, at once, a loss of coördination; he cannot maintain his centre of gravity. When he is able to look at his feet, you notice he is able to stand erect, which a drunken man would be unable to do. When turning suddenly he almost falls, and there is evident loss in coördination. That this is not paralysis, is evident from the fact that he has the power of kicking strongly and performing other motions of the limbs. He complains of a sense of numbness extending all the way down his limbs, and of feeling as if there were a constricting band encircling his waist. Only for about eight months has he suffered from these aggravated symptoms. The soles of his feet feel, to use his own expression, as if they were stuck to the floor. The conductibility of the tactile nerves of the feet is impaired by the lesion in the posterior column, and consequently there is blunting of sensibility. While there is loss of ordinary sensation, the power of distinguishing temperature is retained. This is one of the arguments Brown-Séquard brings forth in support of his views regarding the structure of nerve trunks, that since, in locomotor ataxia, we have abolition of sensibility, while the ability to recognize the difference between heat and cold remains unimpaired, he concludes that, therefore, along one set of nerve fibres ordinary sensation travels, along another calor, or heat.

This man's intellect is apparently clear, there is no evidence of brain disturbance. The seat of the disorder we hold to be in the posterior white columns of the cord, a condition, most certainly, of sclerosis, or thickening of the fine cellular tissue, or neuroglia, exciting pressure upon the posterior roots of the spinal nerves. Following this organic lesion, and harmonizing with its gradual development, we have the progressive loss of coördination and power in which we recognize the familiar symptoms of the affection called Duchenne's disease, or progressive locomotor ataxia. How shall we treat this condition? You all know how very unfavorable is the prognosis; the very term progressive, which is applied to the disease, indicates how the morbid process goes on from day to day and year to year until death, the final and inevitable termination, occurs. This patient was taking small doses of the iodide of potassium for some time, for its effect as an alterative and absorbent; no improvement being noticed, he was put upon the oxide of silver (gr. ½ thrice daily). You give the iodide as a powerful resolvent of all thickened tissues, but to be of benefit it must be given in full doses and its administration kept up for a long time. But no matter what you may do in locomotor ataxia the disease will go on from bad to worse; no remedy in the materia medica can we absolutely rely upon, though the best effects are certainly obtained from the iodides. The prognosis, however, must be always unfavorable in the end.

Facial Paralysis, or Bell's Palsy, in an Infant.

Alice L., aged 8 months, is brought to us suffering with left-sided facial paralysis. Four weeks ago she had an attack of sickness, the symptoms of which, as described by the mother, would seem to indicate the primary disorder to have been cerebral meningitis, associated with marasmus. She had spasmodic seizures, during which the condition of opisthotonos was assumed, the head being drawn back and the body arched. Subsequent to this the mother noticed the facial palsy. If you will notice the child now, while she is crying, you will see the difference in the two sides of the face. The muscles of the right side are drawn, and the right eye is completely closed, in strong contrast with the left eye, which remains open, and, in fact, it may be said that the whole left side of the face is entirely motionless. This, therefore, is a marked case of Bell's palsy. We cannot, of course, study in the infant the effect on the special senses, as those of taste, hearing, etc., as we can in the adult, and we are therefore obliged to forego these interesting investigations in the case before us. As I have just said to you, the symptoms of the acute attack four weeks ago indicated meningeal trouble, probably tubercular in character, and the child now has a purulent discharge from the ear, which came on subsequent to her recent illness. She has some otitis, but whether the internal or middle ear is involved can only be determined by an examination by the mirror and speculum.

Inflammation of the internal ear, and though to a much less frequent extent, the external ear, as well, also of the middle ear, sometimes produces facial paralysis. An accumulation of cerumen, or cotton, or other foreign body packed into the ear will also occasionally cause this condition, though these cases are comparatively rare.

I do not think, therefore, that the condition presented here is the result of cerebral lesion, but is due to disease of the internal or middle ear. If this be the case, the child will improve under proper treatment directed to this condition. An aural examination should first be made, and if the tympanic membrane is perforated, we will have reason for thinking that the middle ear is involved. The child sleeps well and nurses well. Two weeks ago, as the child was very restless, she was put under the influence of the bromide of potassium, and bowels regulated, with decided improvement. In addition to improving the general health we will look after the local trouble. The ear will be washed out by means of a syringe, and if the discharge is offensive we will use disinfectants. I would not advise the immediate or sudden arrest of the discharge by the use of astringents, but will allow it to continue until a thorough investigation can be made. The child will be placed under tonic treatment. She has a pallid look, and I would prefer to give her the syrup of the iodide of iron, in doses of gtt. iij, three times a day; this, with local applications of the continued electrical current, will constitute the whole treatment I would resort to in this case at present, and hope soon to show her to you again in a much better condition.

◆

—The widow of Hahnemann, the founder of homœopathy, died recently, at the age of seventy-eight years, at the house in the Rue du Faubourg St. Honore, Paris, which had for a long time been her residence.

—It seems, from a recently published blue book on drunkenness in Scotland, that the permission granted some years back to grocers, to sell liquors, has been attended with very bad effects, so far as women are concerned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Glycerin in the Treatment of Internal Hemorrhoids.

Dr. George B. Powell, writes in the *Practitioner*, April, 1878 :—

The results of the administration of glycerin have been striking and satisfactory. My first case was so extraordinarily rapid and successful, that I hesitated to publish it till further trials had convinced me that the results obtained were due, undoubtedly, to the drug.

Mrs. B., aged fifty-eight, requested my attendance on January 16th, to prescribe for a troublesome cough, to which she had been of late years subject at this particular season; there was simple catarrh of the larger bronchi, with scanty expectoration; she likewise intimated, parenthetically, that she had been for years affected with the "bleeding piles," and for the last two years the tenesmus and discharge of slimy mucus, mixed with blood, had been particularly severe, running from her in bed, and "shooting from her when she coughed." She did not expect any relief for the latter affection, but thought if her cough was improved it would give her a modicum of comfort. From her own statement, she had had no proper sleep for two years, in consequence of the tenesmus and constant irritation in the lower bowel. I may add, from her own report, everything had been tried to relieve the tenesmus, suppositories included, without effect. I prescribed the following :—

℞.	Glycerinæ,		℥jss	
	Acid. citric.,		ʒij	
	Morph. acet.,		gr.j	
	Vin. ipec.,		ʒij	
	Aquæ	ad.	℥viij.	M.

One ounce ter die.

My next visit was on the 19th, and I was agreeably surprised to find the tenesmus and discharge entirely ceased, and although the cough had not improved, she could pass a comfortable night, and "felt better than she had done for years." The cough continuing distressing, she desired to discontinue the medicine which had exercised so beneficial an influence over the lower bowel, as she considered the sudden stoppage of the discharge made her cough worse. To a certain extent she was right, for as the cough improved, all the former painful symptoms reappeared, though in a minor degree. She then returned to the use of the glycerin, and after two bottles she expressed herself as well as ever she was, and up to this date, March 9, she has continued well.

My next experience was in the case of a man of intemperate habits, who, "after a spree," invariably suffered from bleeding piles, with great pain on defecation. I prescribed the glycerin with citric acid and tincture cardam. co., and saw nothing more of him for three weeks, when I met him accidentally, and on inquiry found he had been completely cured by the one bottle. In two other cases of hemorrhoids, one occurring in pregnancy, great relief was afforded.

I am convinced we have in glycerin a therapeutic agent of great value. I am inclined to believe its action on the rectum to be of a specific nature, but its *modus operandi* I am unable to speculate upon with my present experience.

In the hemorrhoids of drunkards it will be found perfectly reliable and effective, and administered with citric acid and tincture cardam. co. forms a pleasant and agreeable mixture.

The Use of Opium in Cerebral Anæmia and Affections of the Heart.

M. Huchard has pointed out, in the *Journal de Thérapeutique*, the good results obtained by the administration of opium, in patients suffering from insufficiency or aortic obstruction. In the course of certain affections of the heart, when the attacks of suffocation and dyspnœa have acquired an extreme intensity, injections of morphia are of the greatest service.

To support this view, M. Huchard, besides his own personal observations, quotes the facts published by Levy, of Vienna, 1867, by Renauld, in 1874, and by Vibert, in 1875. The communication of M. Huchard, presents two points deserving of attention :—

1st. The popularization of the employment of opium in affections of the heart.

2d. The theory by which the good results are explained.

M. Huchard recognizes that other medical men have prescribed morphia in affections of the heart, but his desire has been to fix the indications and contraindications of the method.

It has been known for a long time that opium in doses of from one to two centigrammes, among other physiological effects, produces slight excitement of the circulation, exhilaration of the spirits, animation of the face, and an increase of muscular power; but if, after the appearance of well-marked phenomena of excitement, the dose be increased from 5 to 10 centigrammes, depression of the circulation and tendency to sleep supervene. Professor Gubler, in his *Commentaries*, insists on the utility of opium in want of stimulation of the nerve centres, due to impoverished or altered blood; and Dr. Vibert, at the end of a memoir published in the *Journal de Thérapeutique*, 1876, concludes that the previous employment of injections of morphia in the operation of thoracentesis, and even in all operations giving rise to syncope, prevents the occurrence of such accidents. M. Huchard employs opium in the hope of utilizing its hyperæmiant properties on the nerve centres, and particularly on the brain. In patients suffering from aortic obstruction or insufficiency, with symptoms of suffocation, dyspnœa, cold sweats, pallor of the face, etc., he has seen these formidable symptoms disappear after the injection of one centigramme of morphia.

If opium be useful in cases of aortic affection accompanied by vertigo, buzzing in the ears, tendency to giddiness, cephalalgia, it is because such symptoms are those of cerebral anæmia, and that cerebral ischemia is a frequent complication, not only of aortic insufficiency, but of aortic lesions in general. Hence, the administration of opium is indicated in the course of affections in which cerebral ischemia is equally met with.

In M. Huchard's opinion, as in that of Professor Gubler, opium may be used in certain forms of anæmia, as it acts as an excellent tonic owing to its congestive action on the brain. It may be prescribed for cachectic or phthisical patients, for in such cases, besides the tonic action of opium recognized by Sydenham, we also utilize the power of this medicine to calm the dyspnœa and the cough.

The Management of Gouty Heart.

On this subject Dr. J. Milner Fothergill pointed out, in a recent lecture, how a knowledge of pathological processes could direct our therapeutic measures and teach us how to prevent or retard what could not be cured when established. He divided the treatment into that of the first stage, viz., hypertrophy, and that of the second, viz., heart failure. The treatment of the two varies much. As to the first stage, it was necessary to reduce the bulk of nitrogenized waste from which the troubles commenced, as the first step; and to attain this the patient should be put on a dietary which contained but a small proportion of albuminoids, just such an amount as would meet tissue repair and no more. Gouty people do not require, as some other persons do, large quantities of animal food. A non-nitrogenized dietary lowers the arterial blood pressure, and with that its consequences. Even in albuminuria it was not well to give albuminoids freely. Such a dietary lessened the chronic high blood pressure, and also kept off the acute condition of angina. A lobster salad was the typical dish of a gouty person with a good digestion. Potash or lithia, which form soluble salts with uric acid, should be given, with colchicum or buchu. If found too depressant, a little nux vomica might be added. They should be taken before meals, with a draught of water. Iron and digitalis are rarely indicated in the first stage, except where the cardiac hypertrophy is mixed with dilatation. But when the heart is failing, then they are called for imperatively. They should be given steadily, week after week, and if necessary, year after year, without fear of any accumulative action. Digitalis does not lurk about the tissues to do mischief, as it were, through malice. When there are attacks of uræmic dyspnœa, strychnia or belladonna, as stimulants to the respiratory centre, are indicated. Exercise is good as long as the heart is sound. In the dropsy of the gouty heart tapping is more useful than in pure heart cases.

Diagnosis and Treatment of Hemorrhage From Rupture of the Cervix Uteri.

Dr. H. Fritsch, quoted in the *Practitioner*, May, 1878, observes that it is only recently that rupture of the cervix uteri has been recognized as the cause of profuse hemorrhage after parturition, although many cases formerly reported are clearly referable to this cause. Its occurrence may be suspected where there is constriction of the os, especially in shoulder and footling presentations with early rupture of the membranes, in early development of the head, sudden cessation of resistance, with wide pelvis, discharge of fluid blood immediately after the birth of the child, continuance or return of the hemorrhage when the uterus is well contracted. Dr. Fritsch states that in the cases he has seen he has always been successful in arresting the hemorrhage by first mopping the wound with a twenty per cent. solution of liquor ferri perchloridi; then, after twelve hours, washing the parts over with a two per cent. solution of carbolic acid, and, after the lapse of twelve hours, removing all clots with the hand. After this, ergotin was subcutaneously injected. In some instances Dr. Martin, the reporter, states hot water injections succeed well, or bimanual compression, with plugging.

The Treatment of Idiopathic Meningitis.

Surgeon Major W. T. Black writes, in the *Lancet*, on this subject—

Meningitis is common in the interior plains of the Cape and Australia, in European children and youths, and is caused by imprudent exposure of the head to the direct rays of the sun, and is fostered by the dryness and clearness of the atmosphere, and should be guarded against by the constant use of the covering found necessary for the head in all hot climates. The treatment I have seen there successful has been the free use of eliminatives to produce an increased flow of the secretions of the skin, kidneys and bowels, by tartarized antimony, nitre, and sulphate of magnesia, in moderate doses at frequent intervals. These organs must be kept acting night and day during the gravescent stage, the patient occupying a darkened room, kept cool and well ventilated, and nutriment by fluids freely maintained, to give support under this abnormal drainage. All stimulants should be avoided in the acute stages, but may be resorted to in the chronic stages, and at all times tea and coffee must be shunned, and milk and aerated waters only used for drinks when wanted. The patients will get emaciated under this course of treatment; but the clearness of the brain must be maintained, and the least signs of drowsiness are prognostic of congestion of the brain. Congestion in hot countries rapidly takes its course; the veins of the cerebrum become engorged; effusion of serum pours into the lateral and mediam ventricles and arachnoid, and coma and stupefaction proclaim the dangerous oppression of the brain. It is this effusion that ought to be tapped and drained off by the free action of the emunctorial organs; and should any relapse of fresh congestion return in a convalescent patient, as is extremely likely, from exposure or error in diet, then the saline depurants must be resorted to to vigorously combat it agin. It is possible that a milder form of treatment by mercurialization might be adapted to the more temperate climates of this country; but in hot countries, with a torrid sun blazing all day, there is no time for mild and slow-acting remedies to attain influence on morbid processes. Derivatives and counter-irritants seemed to produce better effects in the early stages when applied to the lower limbs, and to be more applicable to the head itself, in the chronic state of meningitis, when hyperæmia and irritability of the locality had greatly subsided.

Howard's Method of Artificial Respiration

Dr. Benjamin Howard, U. S. A., has been attracting considerable attention in London by his demonstration of his method of artificial respiration. As some years have passed since it was first laid before the profession, we give anew the process he recommends:—

In order to dispose of the accumulations in the stomach or chest, the patient, stripped to the waist, is turned face downward, and a firm bolster being placed beneath the epigastrium, makes that the highest and the mouth the lowest point. Pressure being made on the back the object is accomplished by both ejection and drainage. The patient is quickly turned upon his back, the bolster placed beneath it, making again the epigastrium and the anterior margins of the costal cartilages the highest points of the body, the hips, shoulders, and occiput barely resting on the ground. The patient's wrists are seized, and, the utmost possible extension being secured with them crossed behind his head, they are pinned to the ground with the left hand, so as to maintain it. With the right thumb and forefinger, armed with the corner of a dry handkerchief, the tip of the tongue is withdrawn and held out of the extreme right corner of the mouth. (The wrists and tongue may be confided to any aid.) In this position two-thirds of the entrance to the mouth is free. The epiglottis, by this backward curvature of the neck, is precluded from pressure by undue flexion. The head is dependent, the free margins of the costal cartilages are as prominent as they can be made. The epigastrium being the highest point, the diaphragm is neither embarrassed from pressure above nor from below. To produce respiration the operator kneels astride the patient's hips and rests the ball of each thumb upon the corresponding costo-xiphoid ligaments, the fingers falling naturally into the lower intercostal spaces. Resting his elbows against his sides, and using his knees as a pivot, the operator throws the whole weight of his body slowly and steadily forward, until his mouth nearly touches the mouth of the patient, and while one might slowly count one, two, three; then, suddenly, by a final push, he springs back to his first position on his knees, remaining there while one might slowly count one, two; then repeat, and so on about eight or ten times a minute. The resiliency of the ribs insures an instant rebound to the point of departure. The operation can be practiced by anybody, anywhere, before or after division of the funis; in a bath, bed or boat; and friction, electricity, insufflation, or tracheotomy could be practiced simultaneously, without inconvenience.

Scarlatinoid Eruptions in Malarial Disorders.

Drs. Cheadle and C. Handfield Jones, of London, have lately called attention to an important fact, to wit, that some aguish attacks in children are accompanied by a roseolous rash, like that in scarlatina. Dr. C. H. Jones gives the following case in point, in the *British Medical Journal:*—

E. B., aged three, admitted October 14th, with herpes of the face, was described as having suffered for one or two years with seizures, occurring two or three times a day, in which she turned "deadly white"—"as white as a child laid out for dead." She was also very restless at night, very feverish, and "burned" very much. Usually the burning affected the hands; but on November 24th her chest and face were quite red, as in scarlatina, for three hours; and about the middle of December she was one day quite prostrate, and scarlet all over; slept all day until the evening, then woke up, lost her redness, and appeared quite well. Beside the vasal spasm and paresis, she had fits of panting and difficulty of breathing, lasting several hours, or even a whole day. These were probably analogous attacks of bronchial spasm. In general condition she was languid and drooping, and her flesh was flabby. With citrate of iron and quinine, five grains three times a day, administered for three months, she improved steadily and completely recovered. In such a case as this the diagnosis of malarioid remittent was sufficiently plain; and usually the rash is, I think, more suggestive of roseola than scarlet fever. Yet, in some cases, for a time, doubt may prevail, especially should there happen to be some sore throat.

As many readers of the REPORTER have had far more experience in malarial regions than these gentlemen, can they not throw some further light on this interesting point?

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

The Breath, and the Diseases Which Give it a Fetid Odor. With directions for treatment. By Joseph W. Howe, M. D. Second Edition. New York, Appleton & Co., pp. 108.

The usefulness of Dr. Howe's little essay has, no doubt, been appreciated, both by the physician, and by those sufferers from fetid breath who hardly can be called patients. Many persons are offensive to others, and suffer poignantly themselves, from a knowledge of the fact, through the unpleasant odor of their breath. It is a real blessing to them to have this painful peculiarity removed; and the best methods of accomplishing this are carefully set forth by the author.

Prescription Writing, Designed for the Use of Medical Students who have never Studied Latin. By Frederic Henry Gerrish, M. D. Second edition. 18mo, cloth, pp. 51. Loring, Short & Harmon, 1878.

That Dr. Gerrish's book has now progressed to a second edition, insures a somewhat better Latinity in the prescriptions of the future. It is, as we remarked when noticing the first edition, very well adapted for its purpose; but we express some surprise that this second edition repeats the same grammatical error (on p. 36) which we pointed out in the first one.

We are opposed to the absurdity of writing prescriptions in Latin; it is a piece of folly for which there is no earthly reason, and is rendered the more ridiculous because not one doctor in ten in this country writes his Latin correctly. But if this foolish custom is to be perpetuated, then this book should be studied by the nine out of the ten who do not know their genitives and accusatives.

Second Annual Report of the State Board of Health of the State of Wisconsin. pp. 155. Madison, Wis., 1878.

The excellent work which is done by nearly all the State Health Boards thus far organized in this country, should be convincing proofs of their utility to all State legislatures—were legislatures amenable to such arguments, which they generally are not. In the report before us are very instructive articles on Scarlet Fever and its Prevention, by Dr. Griffin; on Disinfectants, by the same; on the Ventilation of Public Buildings, by General Bintliff; on the Water Supply of Wisconsin, by Dr. Witter, Professor Chittenden and others; on Village Sanitary Work, by Dr. Strong; on the Value of Vital Statistics, by Professor Davies, etc. These articles are carefully prepared from original studies, and given in direct and popular language, and cannot fail greatly to advantage the citizens of the State. Beside these, numerous circulars have been distributed by the Board, giving the public sound advice on the preventive measures requisite against the spread of small-pox, scarlet fever and diphtheria, on the treatment of the drowned, etc. We do not doubt that the State of Wisconsin has profited more by the sum spent in maintaining this Board, than by any other expenditure of equal amount.

Transactions of the Vermont Medical Society for the year 1877. pp. 88. St. Albans, 1878.

This volume contains papers by Dr. H. S. Calderwood, on Diphtheria; Dr. C. M. Chandler, on Errors in Diagnosis; Dr. G. B. Bullard, on Gastric Fever; Dr. J. Draper, on the Pathogenesis of Insanity; by Dr. S. Putnam, on Spinal Pathology and Strangulated Hernia; and by Dr. F. W. Page, on Thoracentesis. There is also a very pointed open letter by Dr. S. S. Clark to the Rev. J. E. Rankin, to which we shall refer again. The usual minutes and reports are contained in the volume.

A Practical Treatise on Aural Surgery. By H. Mac Naughton Jones, M.D. F. R. C. S. I., etc. Small 8vo, pp. 172. Philadelphia, Lindsay & Blakiston, 1878. Price $1.50.

The title of this book is too extensive for its size and contents. Its scope is better expressed in the author's preface, where he calls it "a concise epitome of aural diagnosis and therapeutics." It is an abstract of some short papers published in the London *Medical Times and Gazette*. We would not intimate by this, however, that the book is a trifling compilation. On the contrary, it is right well prepared, and embraces a great many points in aural practice, set forth cleverly, and of much utility to the general practitioner. For instance, hereditary and constitutional influences in ear disease, the methods of examination, the use of Politzer's bag, the removal of cerumen, tenotomy of the tensor tympani, medicated vapors, deaf mutism, and other subjects, are described in clear terms. The authorities referred to are numerous, including several American writers, among whom the author especially mentions Dr. L. Turnbull, of this city.

NOTES ON CURRENT MEDICAL LITERATURE.

——The U. S. Marine Hospital Service has printed a little duodecimo paper-bound book, of 40 pages, on metric weights and measures for medical and pharmacal purposes. It is a valuable aid toward the introduction of that system.

——Dr. William A. Hammond has published "An open Letter" to Dr. Grissom, of North Carolina, in which he "goes for" that superintendent of the State Asylum without gloves, in return for some more than personal remarks which said Grissom indulged in at the late meeting of the superintendents in Washington.

——Dr. E. C. Seguin has lately made some noteworthy contributions to neurological literature; one, on post-paralytic chorea; a second, on localized cerebral lesions; a third, on the pathological anatomy of disseminated cerebro-spinal sclerosis; and a fourth, on the therapeutics of migraine. Reprints of these, we believe, may be had of the author.

——Another industrious writer is Dr. T. Gaillard Thomas. We have received reprints of an article by him on laparo-elytrotomy as a substitute for the Cæsarean section; and on intravenous injection of milk as a substitute for the transfusion of blood.

——The manufacture of fluid extracts by repercolation is fully set forth, with illustrations and descriptions of the apparatus, by Dr. E. R. Squibb, in a reprint from the *American Journal of Pharmacy*, of 43 pages.

——The last article written by the late Dr. L. P. Yandell, on "Old Age, its Diseases and Hygiene," is reprinted from the *American Practitioner*; as also a eulogy upon him, prepared by Dr. Theodore S. Bell. Few sentences contain more wisdom than the last one in the article first mentioned, where the writer says: "The danger which most imperils the comfort of old age is not overwork, but the want of enlivening occupation."

——In a reprint from the *Journal of Nervous Disease*, Dr. V. P. Gibney, of New York, gives a clinical study of fifty-eight cases of paralysis from Pott's disease.

——Dr. Meigs' Case, in a reprint from the Cincinnati *Lancet and Observer*, describes an apparatus for the treatment of spine disease. It consists of a four-wheeled machine with two upright spars and cross-bar, from which depends a powerful steel spring, to which the chin and occiput are attached by a suitable head-stall and whiffletree. The height is regulated by a screw, and can be raised, as tolerance is manifested in its use, and height increases.

——Dr. A. B. Cook, in a reprint from the Richmond and Louisville *Medical Journal*, describes a dislocation of the shoulder-joint, caused by muscular spasm, of six months' standing, reduced by manipulation.

——Jansen, McClurg & Co. announce for publication a book of interest to the medical fraternity, entitled "Physics of the Infectious Diseases," comprehending a discussion of certain physical phenomena in connection with the acute infectious diseases, by C. A. Logan, A.M., M.D.

——We return thanks for the Annual Reports of the Washingtonian Home, Boston; State Lunatic Asylum, New York; Woman's Medical College, Pennsylvania; Cleveland Medical College; California Senate Committee on State Hospitals and Asylums; Home for Consumptives, Philadelphia; Training School for Nurses, Philadelphia; Woman's Hospital, Philadelphia.

——Messrs. Cassell, Petter & Galpin, No. 596 Broadway, New York, announce that they will publish, this month, Dr. Ghislani Durant's last work, "Horseback Riding, from a Medical Point of View."

——Lippincott's Magazine is well edited and always full of entertaining matter. For several months past Dr. S. Weir Mitchell has been publishing in it a short novel, the scene located in Pennsylvania, in the olden time. The illustrations in the Magazine are always numerous and artistic.

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In all cases the remittance for the new subscriber must cover one full year's subscription.

COLOR BLINDNESS, ITS DANGERS AND DETECTION.

This subject has been made the theme of such an admirable study by Dr. B. Joy Jeffries, of Boston, and is in itself a matter of such prime importance to all the traveling community—and who does not travel in these days—that we hope his writings on the subject will receive very general attention. They are embraced in the Ninth Annual Report of the Massachusetts State Board of Health, where he has a paper on "Dangers from Color Blindness in Railroad Employees and Pilots," closing with a full bibliography of the subject; in some papers published in the Boston *Medical and Surgical Journal*, showing the incurability of the affection when it is congenital; and in a lecture on the practical relations of this defect, delivered at the Boston Institute of Technology.

It appears, on examining large numbers of the population, of different ages and social positions, that in New England one person in twenty is color blind. Of its forms, red blindness is the most frequent, green blindness next, and violet blindness very rare. Now, as is well known, it is precisely red and green which are the favorite colors adopted for signals of danger, etc., on railroads and ships. The terrible consequences of an engineer or pilot misreading the one which he sees have but to be imagined; indeed, it has occurred in various instances.

Do the railroads of the United States take pains to examine their employees, to ascertain whether they suffer from this defect? We believe they do not, in any State. Such being the case, after the full notice which they now receive through these publications from official sources, they should be held grossly negligent for postponing any longer such examinations; and if accidents recur from this cause, passengers who are injured should recover exemplary damages from corporations so indifferent to their duties.

The test recommended by Dr. Jeffries is a simple one, but for all that should be carried out by an expert, as no layman can execute it satisfactorily. His test is one first proposed by Professor Holmgren, of Upsala, and which has been used by him in examining the railroad employés in Sweden, and which spread from there to other countries, and is now spreading all over Europe. It has been ordered by one government after another—the Russian government, for instance, the Norwegian and Swedish, and railroad managers requiring an examination of the employés of the road. It consists of matching colored worsteds. They weigh but a few ounces; cost but a few dollars; one can use them anywhere, whether it rains or shines, in doors or out of doors; it requires no apparatus nor artificial light. There are advantages in this. Cards would soon soil, they would have to have both sides colored alike; the light reflects from a card in a variety of ways when it is laid on the table. A piece of worsted has only one color to it. These are aniline colors, and come nearer the spectral colors than any other pigment we have. It has also the advantage of durability as well as cheapness. Dr. Jeffries examined in this way eighty-one young ladies in sixty-five minutes. It should be remembered that the color a person is blind in is gray to him. If he is red blind he cannot distinguish red from its complementary color, green. If he is green blind, he cannot distinguish that from its complement, red. So, practically, a person is red-green blind and green-red blind, or violet-yellow blind.

Dr. Jeffries exhibited two hundred little knots of various colored worsteds, and placed to one side a large green one, as being the best to quickly make a color-blind person expose their defect. He then asked the person examined to select from the pile of worsteds what looks like the green, lighter or darker. The color-blind person is sure to throw out a wrong color in the first four or five. Which color he is blind in can be decided by a still further similar test.

With such simple means at command, it is high time that carrying corporations awoke to their duties in this respect.

NOTES AND COMMENTS.

A New Work on Gynecology.

We take pleasure in announcing that we have now in press, and shall publish in September, a work on diseases of women, selected from the lectures of the able and well known professor of that branch in the Hospital of the University of Pennsylvania, Dr. **William Goodell.** It will be entitled

LESSONS
IN
CLINICAL GYNECOLOGY,

and will embrace all the more usual diseases of women, with special reference to their diagnosis, prophylaxis, and medical and surgical management. It will be amply illustrated, and by careful condensation of matter, and strict adherence to the clinical or practical aspects of gynecology, will be offered in more moderate compass than many of the treatises on this branch.

From the position which Dr. Goodell holds in one of the largest gynecological clinics in this country, and his acknowledged skill as a therapeutist and teacher, we can promise a work of unsurpassed usefulness, both to the general practitioner and the specialist.

The Ferro-Cyanide of Potassium.

In the *Bulletin de Thérapeutique*, for March 30, Professor Regnauld and Dr. Hayem furnish an elaborate account of the trials which they have made of the ferro-cyanide of potassium (the yellow prussiate of potash) in two cases of marked chlorotic anæmia. Tabular views are given of the enumerations of the blood globules as observed under the action of this and other preparations of iron. The conclusions they arrive at are:—1. The ferro-cyanide is inactive as a ferruginous medicament, and contributes nowise to the regeneration of the colored elements of the blood. 2. The organo-metallic radical undergoes no modification in our organs, for the iron remains inert; and the cyanogen proves inoffensive, since we may administer several grammes daily, for weeks, without any ill effect upon the health. 3. This salt exerts no appreciable effect upon diuresis or the production of urea. Dr. Rabuteau, as the result of numerous trials made upon himself (*Gaz. Hebdom.*, April 19)—four grammes of the ferro-cyanide being taken per diem—comes to the conclusion that it possesses no diuretic power whatever.

Therapeutical Notes.

ERGOT IN TRICHINOSIS.

Dr. Rhode, in the Berlin *Klin. Wochenschrift*, states that he accidentally discovered that the free administration of ergot, especially of ergotin, hypodermically, is a speedy and positive curative agent in trichinosis. In one case, eight grammes of ergotin effected a rapid cure.

SALICYLIC ACID IN GLANDERS.

Poisoning from glanders or farcy has hitherto been regarded as of the gravest prognosis. Dr. G. Walther reports, in the *Med. Central. Zeitung*, April 24th, a prompt restoration in one threatening case, by salicylic acid internally, in full doses, and carbolic acid externally. In a few weeks the patient was entirely well.

VOMITING IN PREGNANCY.

Dr. Lubalsky recommends the ether spray to the epigastrium and the corresponding part of the spine, for from three to five minutes, repeated as necessary. Other observers have lately reported excellent results from touching the os with solution of nitrate of silver or tincture of iodine.

A TASTELESS ANTIPERIODIC.

Dr. Ashhurst remarks, in the American *Journal of Medical Sciences*, "A powder containing one grain of cinchonia, four grains of sugar of milk, and one-tenth of a grain of bicarbonate of sodium, possesses only the slightly sweet taste of the sugar of milk, and is quite readily miscible with water or milk; or, if preferred, can be easily swallowed dry."

FOR FRECKLES.

Dr. James C. White, of Boston, recommends—

℞.	Ammon. muriat.,	ʒss	
	Aq. colon.,	f.℥j	
	Aquæ,	f.℥viij.	M.

Or:

℞.	Zinc sulph.,	℈j	
	Ung. rosæ,	℥j.	M

Sig.—Apply over night, and wash thoroughly, with soap, in the morning.

Improved Method of Taxis in Hernia.

Dr. Hildebrand describes, in the *Allg. Med. Central Zeitung*, April 20th, a method of taxis, which, he says, is nearly always successful. When the hernia is on the right side, the surgeon places himself on the patient's left, takes the hernial sack in his left hand and moves it in all directions, at the same time drawing it from the body, while his right hand impresses a series of movements on the abdominal wall, pressing it from the right toward the left side of the patient; then, by grasping with the right hand deep in the hernial cavity, the impacted link of intestine can generally be caught and withdrawn. The action is reversed when the hernia is on the right side. Of course, a proper position and the use of anæsthetics are understood.

Treatment of Acute Rheumatism.

At a late meeting of the Glasgow Medical Society, Dr. Charteris reviewed the various modes of treatment of acute rheumatism which had been practiced, from the comparatively moderate venesection of Sydenham down to the more modern methods. Among these latter he specially adverted to the mode of blistering in succession the affected joints, and giving alkalies to neutralize the acid produced in the course of the disease. This was an improvement on former methods; it shortened the disease by ten days, and heart complications were believed to be reduced in frequency. The treatment by salicin or salicylic acid was then introduced, and this he looked upon as the best treatment for acute rheumatism at present known, and of the nature of a specific. Relief was experienced in from thirty-four to forty-eight hours, and the temperature also fell. Heart complications were not averted, except indirectly by the arrest of the disease. If the disease was very acute, with severe head symptoms, they must not trust to the salicylates, but to cold baths. Experience had led him to the conclusion that salicin should not be continued after the temperature reached 99°. If continued longer it exercised a depressing effect.

A New, Cheap, and Self-Generating Disinfectant.

Under this title, says the *British Medical Journal*, Dr. John Day, of Geelong, Australia, recommends for use in civil and military hospitals, and also for the purpose of destroying the poison-germs of small-pox, scarlet fever, and other infectious diseases, a disinfectant ingeniously composed of one part of rectified oil of turpentine and seven parts of benzine, with the addition of five drops of oil of verbena to each ounce. Its purifying and disinfecting properties are due to the power which is possessed by each of its ingredients; of absorbing atmospheric oxygen, and converting it into peroxide of hydrogen—a highly active oxidizing agent, and very similar in its nature to ozone. Articles of clothing, furniture, wall-paper, carpeting, books, newspapers, letters, etc., may be perfectly saturated with it without receiving the slightest injury; and when it has been once freely applied to any rough or porous surface, its action will be persistent for an almost indefinite period. This may, at any time, be readily shown by pouring a few drops of a solution of iodide of potassium over the material which has been disinfected, when the peroxide of hydrogen which is being continually generated within it will quickly liberate the iodine from its combination with the potassium, and give rise to dark brown stains.

The Prevention of Chloroform Narcosis.

In the *Vierteljahrschrift für Gericht. Med.*, Dr. Wachsmuth, of Berlin, makes the important statement that if one-fifth part of oil of turpentine is added to chloroform, the latter can be administered to the fullest anæsthesia without the slightest risk, as the turpentine prevents, by its stimulating properties, the pulmonic paralysis, which is the proximate cause of death in fatal chloroform narcosis.

CORRESPONDENCE.

Case of Unusual Presentation.

Ed. Med. and Surg. Reporter :—

Having practiced medicine twenty-eight years, I was called in to see a case new to me, which I will report to you. It was of a married lady, aged twenty-eight years, and about being confined with her second child. After an examination I found the os uteri very much dilated, and the womb rather elevated at the os, but flexed obliquely, with the upper fundus to the right side of the mother. The head, I presumed, was resting upon the pelvic brim of the left side. The liquor amnii had not yet escaped. About three-fourths of an hour afterward, with increasing labor pain, some of the liquor amnii escaped, and shortly afterward I made another examination, and found a precise face presentation in the pelvic strait, with the aforesaid obliquity of the womb, the chin of the child having passed down in the pelvic strait, while the bregma, or vertex, somewhat elevated and pointing to the left side of the mother, with the forehead or frontal bones of the child, was resting upon the pelvic brim of the same side.

Now, to place the child in position so that it might be born, I introduced one blade of my female forceps anteriorly in the strait, and glided it along over the side of the face of the child, inclining the spoon-shape of the blade toward the bregma and frontal part of the head, which was gradually secured by pressing the head and sternum back; then, during the interval of pain, I pressed back the chin of the child gently, with the fingers of the left hand, and used pressure upward to the sternum, to elevate the child in its position, which was accomplished so far that by a manœuvre of the blade of the forceps the head was pressed back, brought down so as to engage in the pelvic strait; withdrew the blade, and it was not long thereafter until the child was born (a boy).

The only reason I can assign, in this case, for this unusual presentation, was the obliquity of the womb; its rather unusual dilatation of the os uteri while so flexed, which undoubtedly, from its position and labor pain, threw the head of the child straight forward in a direct line, corresponding with its obliquity, and which caused the frontal part of the head to come in contact with the pelvis (resting thereon), upon the left side of the mother.

Cashtown, Pa. William C. Stern, m.d.

A Twenty-two Pound Baby.

Ed. Med. and Surg. Reporter :—

Having delivered a woman of a child somewhat larger than any I can find on record, I deemed it worthy of reporting. I was called, March 2d, 10 o'clock, p. m., to see Mrs. M.; found her in labor. Pains regular, about every twenty five minutes. Made an examination and found the neck of the womb dilated to about the size of a silver half dollar, and the head presenting in the first position. Having other patients to see, I left her, promising to return in a short time, thinking labor would terminate by morning. Returned at 2 a. m.; found the neck still dilating, but slowly, and pains more frequent and harder. Sunday, the 3d, the neck of the womb was fully dilated, and would have allowed the head to pass through, providing there had been no other obstruction, but the head rested on the pubes and promontory of sacrum, unyielding, the severest pains not seeming to advance it any further. The patient and friends objecting to having the forceps applied, I asked for counsel, and Dr. DeLong, of Emporium, was sent for and arrived at 3 p. m., Monday. After making an examination we applied Miller's long forceps, but without any effect, the sutures being perfectly ossified. We waited half an hour, and proceeded to perform craniotomy. After the head had been perforated, the labor progressed some, the pains being of great force. Made steady traction during each pain, and succeeded in delivering her, after working two hours and twenty minutes, the child weighing twenty-one and a half pounds, exclusive of the brain substance lost, which was estimated at half a pound; the child, therefore, weighed twenty-two pounds before delivery, measured nine and a half inches across the shoulders, and twenty-four inches in length. Dr. Detwiler, of Williams-port, was present the day following delivery, and approved of our management of the case. My patient had some slight trouble after confinement, there being subinvolution of the womb; she was also troubled with incontinence of urine, but was able to attend to her household duties in three weeks. S. S. Smith, M. D.

Driftwood, Pa.

Temporary Albuminuria.

Ed. Med. and Surg. Reporter:—

On the evening of Friday, May 17, B. H., aged thirteen, called on me with a specimen of his urine. It was loaded with albumen. This morning he brought me another specimen, which, on the application of the same tests, yielded not a trace. Is it not rare that so radical a change ensues in so brief a space? On the evening of Friday I had placed him on teaspoonful doses of infus. digitalis, with a restricted diet. There had been only a trifling pain following the track of the left ureter for a few days prior to his calling on me; it had been unaccompanied with any constitutional disturbance.

To me the case is exceptional in its general features, and yet to others there may not be aught singular or exceptional about it. And it is that the observations of others on this point may be elicited, that I thus briefly report the case.

I may add that the father of the boy is said to have died of Bright's disease, about eleven years since. J. W. Hamilton, M. D.

Brooklyn, N. Y., May 20th, 1878.

Sulphate of Cinchonidia.

Ed. Med. and Surg. Reporter:—

Much attention has been given, of late, in different medical journals, to the use of sulphate of cinchonidia as a substitute for quinine. Having used it quite extensively in my practice, I have felt a desire to add my mite of testimony in the use of this remedy, for what it may be worth. I commenced the use of sulphate of cinchonidia in my practice in 1875, the first ounce having been sent to me by Powers & Weightman, manufacturing chemists, of Philadelphia, to give it a trial. I determined to test its virtues. The first ounce gave entire satisfaction. I determined to test its virtues more thoroughly. In 1877 I had an unusual large number of typhoid cases and pneumonia; I prescribed it in as many cases as those in which I prescribed quinine, thus dividing the field of operation equally. The result came fully up to my expectations, for my past experience has inspired me with considerable confidence in the former. In addition to its efficacy as a tonic and febrifuge, it has the following advantages, which increases its value to physicians: It exerts the therapeutic influence of sulphate of quinine, in the same doses, without creating nausea or producing cerebral distress, as the sulphate of quinine frequently does, and it is less costly. G. T. Fox, M. D.,

Bath, Pa., June 13th, 1878.

News and Miscellany.

The Rhode Island Medical Society.

At the annual meeting of this Society, this month, Dr. C. W. Parsons made the report for the trustees of the Fiske fund. A premium of $200 was awarded to George E. Waring, Jr., of Newport, for a dissertation with the motto *Qui n' a sante n' a rien.* On the other subjects the Committee made no award.

They propose the following subjects for 1879:—

"Artificial Feeding of Infants."

"Cholera Infantum, its causes, nature and treatment."

"The true value of electricity in its application to surgery."

For the best dissertations on these subjects they offer a premium of $200, on the usual conditions.

The following were elected officers of the Society for the ensuing year:—

President—Dr. Edward T. Caswell, Providence.

First Vice President—Dr. George B. Baker, Providence.

Second Vice President—Dr. Charles O'Leary, Providence.

Recording Secretary—Dr. Walter E. Anthony, Providence.

Corresponding Secretary—Dr. E. M. Harris, Providence.

Treasurer—Dr. C. H. Leonard, Providence.

Board of Censors—Dr. Ariel Ballou, Woonsocket; Dr. David King, Newport; Dr. J. W. C. Ely, Providence; Dr. W. D. Brown, Providence; Dr. Otis Bullock, Warren; Dr. James H. Eldredge, East Greenwich; Dr. Sylvanus Clapp, Pawtucket; Dr. Loyd Morton, Pawtucket.

State Medical Society of Nebraska.

This Society met at Fremont, June 5. Part of its time was taken up in listening to attacks on the Code of Ethics, and on those who framed it. Its restrictions were pronounced to be "gags," and some men who advertise their specialties in ordinary newspapers were elected members.

This is not the first time that this Society has indicated the presence of a majority who disregard those rules of courtesy and professional safeguards which are combined to make up the Code. This is no credit to that majority, individually or collectively. We are glad to add that a large minority consistently opposed these proceedings.

Jefferson Medical College.

The Fifty fourth Annual Announcement of the Jefferson Medical College has just been issued, in circular form. It states that, in issuing the announcement of the fifty fourth course of lectures, the Faculty of the Jefferson Medical College congratulate its Alumni and friends upon the continued prosperity of the school. The class of the last session was the largest in the United States, and numbered 598 matriculates, representing all the States in the Union, together with the principal foreign countries. The graduating class of March, 1878, numbered 203. The whole number of graduates to date is 7069.

Epidemic of Diseases of the Heart.

In the *Recueil de Méd. Militaire*, 1878, No. 1, M. Julié furnishes an account of an epidemic of diseases of the heart which has prevailed in the garrison of Lunel during 1877, in the course of which forty-three soldiers became attacked. The affection exhibited itself in different degrees, from that of intermittent palpitation to continued palpitation symptomatic of organic disease of the heart, hypertrophy or valvular disease having been observed in eleven or twelve of the cases. The mildest cases were unable to resume service under three weeks, and oftener after a longer period, while the others are still under treatment at the Montpellier Hospital. No cause could be made out for the occurrence, as the garrison was in very good condition. The most probable hypothesis was that it was due to a malarial origin.

The Castor Oil Plant as an Insecticide.

An exchange observes: It is found that the castor oil bean plant possesses poisonous qualities, and that its leaves are more obnoxious to the grasshopper than the oil is to bilious infancy. It is proposed to cultivate the plant freely in sections infested by the insect, who is known to be very indiscriminate in the matter of diet. The effect of the poison is said to be apparent very shortly after it is taken. The victim seems bewildered, and after a few vain efforts to jump or fly it tumbles over and yields up the ghost.

Midwives.

In the discussion which is taking place at the Belgian Academy of Medicine, upon the proposition which has been made to allow midwives to employ the forceps, Dr. Warlomont strongly opposed it. So far from extending their powers of doing mischief, he would abridge those which they already possess, and withdraw from them their present permission to employ version, and perform vaccination and venesection. "I would prefer," he says, "to see one woman die for the want of the necessary attentions, than to see one hundred perish from too much of their ministrations."

Items.

—The annual meeting of the Louisville Medico-Chirurgical Society was held June 17th, and the following officers were elected for the ensuing year; President, Dr. J. A. Larrabee; Vice President, Dr. D. Gober; Secretary, Dr. L. S. Oppenheimer; Treasurer, Dr. S. Manly.

—Dr. Brochard estimates that France has lost, through preventable causes, fully 10,000,000 children in the last fifty years. The official returns made to the Government Commission of Inquiry indicate that the average mortality among infants under a year old, in 5000 communes, is 41 per cent.

—The rinderpest is rapidly carrying off the comparatively few head of cattle in Turkey which have escaped the ravages of war. A few weeks ago the disease was confined to the European provinces of the empire; but lately it has shown itself, and is rapidly spreading, through Asiatic Turkey.

Personal.

—We are glad to note that Messrs. Peck & Co., well known apothecaries of this city, have discontinued the sale of patent medicines, as not belonging to legitimate pharmaceuticals.

—A prominent ophthalmologist in Baltimore has been censured by the Medical Society of the State of Maryland, for advertising his operations in newspapers.

QUERIES AND REPLIES.

X., of Illinois, desires suggestions for the cure of fetid perspiration of the scrotum. The patient is a young man of twenty-two years, somewhat addicted to masturbation. We have ourselves found excellent results from dilute solutions of sulphocarbolate of zinc in fetid sweating.

Dr. R. C. G. Some years ago, about 1855, there was an institution in this city called the Pa. Medical College; it has long since been defunct.

MARRIAGES.

Creasy—Turnbuch.—At the M. E. parsonage in Drums, May 30th, 1878, by Rev. G. M. Larned, L. S. Creasy, M.D., of Mifflinville, Columbia county, and Miss Mary C. Turnbuch, of Black Creek, Luzerne county, Pa.

Shew—Bradley.—On Wednesday, June 12th, at Auburn, N. Y., by the Rev. Herrick Johnson, D.D., Dr. A. Marvin Shew, Superintendent of the Conn. Hospital for the Insane, at Middletown, and Clara L., daughter of S. L. Bradley, Esq., of Auburn.

DEATHS.

Clark.—At Washington, Pa., on Monday, June 3d, 1878, of inflammation of the bowels, Dr. Matthew H. Clark, aged sixty-five years. Dr. Clark attended the late meeting of the Pennsylvania Medical Society at Pittsburg, and was there taken sick. He was the oldest active practitioner of medicine at Washington, having settled there in 1844.

TAMAR INDIEN,

A laxative, refreshing, and medicated Fruit Lozenge, agreeable to take, and never causing irritation. Its physiological action assures the immediate relief and effectual cure of **CONSTIPATION,** Cerebral Congestion, Headache, Indigestion, Bile, Hemorrhoids, etc., etc., by augmenting the peristaltic movement of the intestines, without producing undue secretion of the liquids. Unlike pills and the usual purgatives, it does not predispose to intestinal sluggishness, and the same dose always produces the same effect, that is to say, never needs increasing. These properties render "Tamar" invaluable to the weak and debilitated, and especially to ladies previous and subsequent to their accouchement. It is recommended by the most eminent Physicians of Paris; notably Drs. Belin and Tardieu, who prescribe it constantly for the above complaints, and with most marked success.

Prepared by **E. GRILLON,** Pharmacien de 1ère classe, 27 Rue Rambuteau, Paris. To be had of all respectable Chemists throughout the world.

PEPTODYN.

The New Digestive is a combination of the whole of the Digestive Secretions—Pepsine, Pancreatine, Diastase, etc.,

Forming an invaluable remedy in the treatment of all forms of Dyspepsia, and diseases arising from imperfect nutrition.

N. B.—*The success of this Remedy has led to several imitations of it,* which consist largely of Milk Sugar, and, as compared with Peptodyn, are of little or no real value as digestive agents.

SAVORY & MOORE, 143 New Bond Street, London.

PARIS, 1867. **1868.** **1872.** **1873, VIENNA.**

Prize Medal. **Silver Medal.** **Gold Medal.** **Medal of Merit.**

BOUDAULT'S PEPSINE

IN POWDER, also WINE, ELIXIR, SYRUP, PILLS, AND LOZENGES OF PEPSINE.

Since the introduction of Pepsine by Boudault in 1854, **BOUDAULT'S PEPSINE HAS BEEN, AND IS STILL CONSIDERED, THE MOST RELIABLE,** as is attested by the awards it has received at the Exhibitions of 1867, 1868, 1872, 1873, and in 1876 at the Centennial Exposition in Philadelphia.

IT IS THE ONLY PEPSINE USED IN THE PARIS HOSPITALS.

Careful tests will enable any one to satisfy himself that **BOUDAULT'S PEPSINE HAS A DIGESTIVE POWER AT LEAST DOUBLE** that of the best Pepsines in the market, and that it is really the cheapest.

It is Sold in 1 ounce, 8 ounce, and 16 ounce Bottles.

Beware of so-called French Pepsines bearing fictitious names, and prescribe Boudault's only.

BLANCARD'S PILLS

OF UNCHANGEABLE IODIDE OF IRON.

Blancard's Pills of Iodide of Iron are so scrupulously prepared, and so well made, that none other have acquired a so well deserved favor among physicians and pharmaceutists. Each pill, containing one grain of proto-iodide of iron, is covered with finely pulverized iron, and covered with balsam of tolu. Dose, two to six pills a day. The genuine have a *reactive silver seal* attached to the lower part of the cork, and a green label on the wrapper, bearing the fac-simile of the signature of

Blancard

Pharmacien, No. 40 Rue Bonaparte, Paris.
without which none are genuine.

BEWARE OF IMITATIONS.

E. FOUCERA & CO., Agents,

NEW YORK.

TO PHYSICIANS.

The scarcity and high prices of Cinchona barks and Sulphate of Quinia, and the prospect of only a slight reduction in these prices, makes the present a favorable opportunity of calling the attention of the profession to the *combination of all the bark alkaloids.*

Much attention has been given to this subject in Europe and India.

The growing appreciation by the medical profession of the United States of

CINCHO-QUININE

is due to the fact that it retains the important alkaloids IN COMBINATION, — a combination which in practice is *preferable to perfect isolation or separation* of these alkaloids.

In addition to its superior efficacy as a tonic and anti-periodic, it has the following advantages, which greatly increase its value to physicians: —

1st, *It exerts the full therapeutic influence of* Sulphate of Quinine, *in the same doses*, without oppressing the stomach, creating nausea, or producing cerebral distress, as the Sulphate of Quinine frequently does; and it produces much less constitutional disturbance.

2d, It has the great advantage of being *nearly tasteless.* The bitter is very slight, and not unpleasant to the most sensitive, delicate woman or child.

3d, It is *less costly;* the price will fluctuate with the rise and fall of barks, but will always be much less than the Sulphate of Quinine.

4th, It meets indications not met by that Salt.

The following well-known Analytical Chemists say: —

"UNIVERSITY OF PENNSYLVANIA, Jan. 22, 1875.

"I have tested CINCHO-QUININE, and have found it to contain *quinine, quinidine, cinchonine, cinchonidine.* F. A. GENTH,

Professor of Chemistry and Mineralogy."

"LABORATORY OF THE UNIVERSITY OF CHICAGO, Feb. 1, 1875.

"I hereby certify that I have made a chemical examination of the contents of a bottle of CINCHO-QUININE; and by direction I made a qualitative examination for *quinine, quinidine,* and *cinchonine,* and hereby certify that I found these alkaloids in CINCHO-QUININE.

C. GILBERT WHEELER,

Professor of Chemistry."

"I have made a careful analysis of the contents of a bottle of your CINCHO-QUININE, and find it to contain *quinine, quinidine, cinchonine,* and *cinchonidine.*

S. P. SHARPLES, *State Assayer of Mass.*"

TESTIMONIALS.

"WELLFLEET, MASS., Nov. 17, 1876.

"I have used CINCHO-QUININE, and can say without any hesitation it has proved superior to the sulphate of quinine. J. G. JOHNSON, M.D."

"MARTINSBURG, MO., Aug. 15, 1876.

"I use the CINCHO-QUININE altogether among children, preferring it to the sulphate.

DR. E. R. DOUGLASS."

"LIVERPOOL, PENN., June 1, 1876.

"I have used CINCHO-QUININE, obtaining better results than from the sulphate in those cases in which quinine is indicated.

DR. I. C. BARLOTT."

"RENFROW'S STATION, TENN., July 4, 1876.

"I am well pleased with the CINCHO-QUININE, and think it is a better preparation than the sulphate. W. H. HALBERT."

"ST. LOUIS, MO., April, 1875.

"I regard it as one of the most valuable additions ever made to our materia medica.

GEORGE C. PITZER, M.D."

"RICHMOND, VA., March 28, 1877.

"I believe that the *combination* of the several cinchona alkaloids is more generally useful in practice than the sulphate of quinine uncombined.

"Yours truly, LANDON B. EDWARDS, M.D.

Member Va. State Board of Health,

and Sec'y and Treas. Medical Society of Va."

"CENTREVILLE, MICH.

"I have used several ounces of the CINCHO-QUININE, and have not found it to fail in a single instance. I have used no sulphate of quinine in my practice since I commenced the use of the CINCHO-QUININE, as I prefer it. F. C. BATEMAN, M.D."

"NORTH-EASTERN FREE MEDICAL DISPENSARY,
908 East Cumberland St., Philadelphia, Penn.,
Feb. 29, 1876.

"In typhoid and typhus fevers I always prescribe the CINCHO-QUININE in conjunction with other appropriate medicines, the result being as favorable as with former cases where the sulphate had been used.

"F. A. GAMAGE, M.D."

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Pennsylvania College of Dental Surgery.

Twenty-third Annual Session, 1878-79.

The regular Winter Session for 1878-79 will commence on Tuesday, October 1, 1878, and continue five months, in the new and commodious college building, on Twelfth Street, below Arch. The size and equipment of the rooms in this building will enable the Faculty to offer the Dental student the advantages accruing from lecture-rooms with high ceilings and comfortable seatings, clinical rooms with an abundance of light, well-furnished laboratories, mechanical and chemical, and a large and well-lighted and well-ventilated dissecting room. For further information, address

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For Hoarseness, Bronchial Irritation, Sor Throat, Diphtheria, Croup, etc., etc.

Chlorate of Potash is a remedy of acknowledged value in cases of Diphtheritic Sore Throat, and in Inflammation of the Mouth and Throat, induced by a depressed state of the system. In these instances, as in the milder forms of Croup, it has, besides its depurative and detergent effects, a solvent action on the deposits, characteristic of those troublesome and dangerous affections. It relieves Hoarseness and in many cases of Fetid Breath from disordered secretions, it proves an efficient corrective. Its virtues in simple Angina, or ordinary Sore Throat, are recognized by many of the most eminent physicians.

As the taste of this article is not disagreeable, we have prepared it in the form of Compressed Tablets, thus giving the patient the full benefit of its action, undiluted with Sugar, Gum, or other vehicles, which would not only prevent its effects, but which sometimes themselves offend the stomach.

The Lozenges usually contain about twenty-five (25) grains of gum and sugar, with two grains of the Chlorate of Potash, while each of these Tablets contains simply five grains of the Chlorate, all of which, dissolved in the saliva, acts on the affected mucous membranes.

If allowed to dissolve in the mouth, the topical effect is much more efficient than a saturated solution, as, while the solution is but temporary, the tablet really acts as a continuous gargle.

FOR SORE THROAT, HOARSENESS.

DIRECTIONS:—Adults should take one every hour or two until relieved, allowing it to dissolve slowly in the Mouth. Children half of one as often.

For Offensive Breath, no remedy will give more certain relief; use one, two or three times a day.

For Diphtheria, Croup, and the more serious ailments, the physician should direct.

PEPTONIC PILLS.

Pepsin, Pancreatin with Lacto-Phosphate of Lime and Lactic Acid.

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This pill will give immediate relief in many forms of Dyspepsia and Indigestion, and will prove of permanent benefit in all cases of enfeebled digestion, produced from want of proper secretion of the Gastric Juice. By supplementing the action of the stomach, and rendering the food capable of assimilation, they enable the organ to recover its healthy tone, and thus permanent relief is afforded. One great advantage of the mode of preparation of these pills is the absence of sugar, which is present in all the ordinary Pepsin and Pancreatic compounds. In this form, the dose is much smaller, more pleasant to take, and is less apt to offend the already weak and irritable stomach. The results of their use have been so absolutely satisfactory, that we are confident further trial will secure for them the cordial approval of the Medical Profession and the favor of the general public.

Each pill contains one grain of pure PANCREATIN, which is equivalent to 10 grains of the ordinary or Saccharated usually prescribed and dispensed. Physicians will appreciate the great advantage of this mode of administration, the increased benefit to the dyspeptic being due to a full and effective dose of each, freed from unnecessary bulk, and really hurtful addition of sugar. A single pill will give immediate relief.

DIRECTIONS:—Take one pill immediately after eating or when suffering from Indigestion, Lump in the Throat or Flatulence. For children, reduce the pill to powder and give one-fourth or half, according to age.

JOHN WYETH & BRO.,
1111-1yeow **Chemists, PHILADELPHIA.**

THE
MEDICAL AND SURGICAL REPORTER.

No. 1113 PHILADELPHIA, JUNE 29, 1878. [Vol. XXXVIII.—No. 26.

EDITORIAL DEPARTMENT.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

A Manual of Operative Surgery. By Lewis A. Stimson, B.A., M.D., etc. Philadelphia, Henry C. Lea, 1878. 1 vol. 8vo, cloth. pp. 477.

The inventive genius of surgeons has multiplied operative procedures to so indefinite an extent that the difficulty of selection is apparent to both teachers and students. Dr. Stimson aims, in the present volume—one of moderate size and convenient to handle—to select in each case that procedure which seems the best, and to indicate its variations very briefly; or, if there are methods radically different, to describe the leading one of each case; and further, to secure the much desired brevity by omitting operations which can only be described in general terms, and, also, all those non-essential details with which many writers load their pages. He thus finds room, in a book of the size noted, not only to include all the operations of any prominence in ordinary surgery, but to add a valuable chapter upon operations upon the genito-urinary organs of the female, and one on those of a miscellaneous nature.

From an examination of several passages of his work, we think he has succeeded very well in striking that happy and rarely trodden medium between the unsatisfying meagreness of an epitome, or compend, and the wearying diffuseness of an elaborate treatise. His language is lucid, and his words are aided by a free use of illustrations, three hundred and thirty-two of which are inserted in the text.

Atlas of the Diseases of the Skin. By Balmanno Squire, M.B., Surgeon to the British Hospital for the Diseases of the Skin, London. J. & A. Churchill, 1878. Part I, 8vo, pp. 89, four plates. Price 10s. 6d.

Mr. Squire has been long and favorably known as a dermatologist. Some ten years ago he issued an atlas of skin diseases, the last wholly original work of the kind attempted in England. It was in folio, and was highly esteemed. Now he introduces the novelty of an atlas in octavo. This size has the advantage of being portable and easily held in ordinary book shelves. Necessarily, however, it does not permit the human face and form to be depicted of full size. This drawback is ingeniously met by the author by enlarging the pathological traits of his subjects to the full size, or even beyond it, while the normal features are reduced. Instruction is thus given, while the demands of art are consulted. No expense has been spared as to the execution of the plates, which are all full-page chromo-lithographs, very accurately colored.

This first part treats of nævus vascularis planus (port wine mark) and psoriasis diffusa. The text is full, and the descriptions and directions for treatment clear and ample. The number of parts of which the atlas is to consist is not stated. It may be ordered through any of the leading American booksellers.

THE

Medical & Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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REMARKS ON MEDICAL ASSOCIATIONS.

The numerous meetings of medical societies which have been reported in the last few numbers of this journal indicate an increased interest in effective organization by the profession of this country. It cannot too often be repeated that in modern civil society it is only by intelligent organization that men thinking alike can give their thought its act, and achieve the ends which each desires. The epoch of "one man power" is passing away in social life, as it is in government.

"The individual withers, but the race is more and more."

As the objects for which physicians unite are of vast moment to the welfare of the public, so we most earnestly believe that a physician who does not join his county society, or, having joined, takes no interest in its workings, neglects his duty to the State more than if he shirks his political privileges as a citizen. It is not an imaginary, but a real part of the vocation of a medical man to care for the health of the community as well as its sickness, and to advance, as far as he can, measures of sanitary protection. He never can succeed in this alone. It were arrogance in him to suppose so. He must join with his neighbors in the profession, so that their united voice may, as it certainly will, command the attention of the community.

The influence of every physician among his own families is paramount on all that pertains to his domain; and were there united and determined effort throughout a large majority of the regular medical men in this county, vast and beneficent reforms would be carried through in a very short time.

There are many such reforms of immediate urgency. Every State should have a well supported Board of Health; every county should have its sick poor properly cared for, and not on the cheap auction principle, either; vaccination should be, if not made obligatory, at least very strongly advised; public instruction in hygiene is demanded; the metrical system should be introduced, and many more.

We have not yet referred to the advantages of association to the profession itself. It is hardly necessary to do so. But it is necessary that the public should understand that medical societies have no sort of kinship to trade-unions. It is probable that the formation of fee-bills should be omitted altogether, and each member be left to adjust his own scale of prices. Practically it comes to this, anyhow. But the principles of professional ethics should be insisted upon. Not that, of necessity, the code should be like the law of the Medes and Persians "which altereth not;" but alterations should first receive general assent before they are adopted. The personal advantages arising from good feeling through social intercourse, and of increased knowledge through amicable discussion, are too obvious to need mention.

NOTES AND COMMENTS.

Alcoholic Amaurosis.

Dr. Arens (*Centralblatt für Heilkunde*) reports the case of a man, thirty years old, in other respects always healthy, who awoke one morning totally blind in both eyes. The patient himself regarded a three days' excessive indulgence in alcohol as its cause. The eyes were widely opened, fixed; the pupils were dilated and immovable; the ophthalmoscopic appearances were normal. The pulse was frequent, soft; the heart was normal. Sensibility and motility were intact in all the extremities. Large doses of Hunyadi János water, rest, diet, and cold water compresses on the head for four days, completely restored the vision.

Electricity in Hydrocele.

In the *Gazeta Medica*, Dr. Macario reports two cases of hydrocele treated by a single application of an electric needle for the space of one minute. One of these cases was permanently cured; the other was only temporarily cured, the disease returning after ten months. In both instances the fluid entirely disappeared in the course of twenty-four hours, though no fluid escaped through the wound made by the introduction of the needle. Macario recommends the employment of this method in other kinds of cysts, especially for ovarian cysts, and cites three cases that have been published as cured by this means.

The Uses of Boldo.

An article in the trade journal, *New Preparations*, on this novelty, sums up its merits as follows:—

From experiments made and the nature of the product, we may now conclude that the boldo is—

1. A most useful and profitable remedy in blennorrhagia.

2. That it produces always good effects in dyspeptic affections, when we recognize as the cause an atony or debility of the digestive organs, or when complicated by bilious disorders.

3. That its administration has been more than once favorable in chronic catarrh of the bladder.

4. That, the boldo, being balsamic and carminative, is an important auxiliary in the treatment of hepatic abscesses, whenever the febrile symptoms have been overcome.

5. That, considering the observations hitherto made in animals, and also a number which have been made in man, it is to be presumed that the boldo is a powerful anthelmintic, which presumption is corroborated by the qualities and the nature of the product.

6. That the decoction of the leaves may also serve very effectively in washing wine-casks, to prevent them from souring; a practice followed by the native farmers since immemorial times.

CORRESPONDENCE.

The Dental Department of the University of Pennsylvania.

Ed. Med. and Surg. Reporter:—

There has come to my notice an anonymous circular, entitled "Higher Education in the University of Pennsylvania," which contains statements which are erroneous and misleading. Without going into detail as to its contents, its object is to show that the graduate of the Dental Department of the University of Pennsylvania can obtain the degree of Doctor of Medicine "for an expenditure of less money than is exacted from those who matriculate in the Medical Department," and "by attending *two partial courses* in medicine in the Dental Department, and one full course in the Medical Department." The paragraph in the advertisement in the *American Journal of the Medical Sciences* would perhaps admit of such interpretation, but it was introduced without due consideration, immediately after the institution of the Dental Department, and before its complete organization. In the announcement of the Dental Department, and on the last page of the third edition of the Announcement of the Medical Department, it is stated that the Dental student desiring to take the Medical Degree must inform the Secretary of the Department of Medicine of such intention *at or before the beginning of his second course of lectures.* The object of this is so to modify the second course of the Dental students that it may become a full medical course, including Practice of Medicine, Surgery and Obstetrics, as well as a Dental course.

The fees for the last two courses have also been altered for such candidates so that the Dental graduate who takes the degree in Medicine also, pays $475; while the student taking the medical degree only, pays $445.

It would have given me pleasure to have explained the matter to the author of the circular, had he called upon me in relation to it, thus saving him some trouble and expense.

James Tyson,
Secretary Faculty of Medicine,
University of Pennsylvania.

University of Pennsylvania,
Medical Department, June, 1878.

NEWS AND MISCELLANY.

Bates County, Mo., Medical Society.

The physicians of Bates County, Mo., met in Butler, Jan. 8th, 1878, and organized a county Medical Society. The following gentlemen were elected officers for the ensuing year:—President, O. F. Renick; Vice-President, T. C. Boulware; Secretary, E. A. Lee; Treasurer, N. L. Whipple; Censors, Drs. Whipple and Allen. Committee on By-Laws and Constitution—Drs. Boulware and Lee, to report at the next meeting. Drs. Whipple and Allen were appointed by the President as Essayists for the next meeting.

Law and Medicine.

The grand jury having failed to indict the faculty of the Ohio and Miami Medical College for complicity in the robbery of the grave of Scott Harrison and young Devin, General Harrison and Joseph C. Devin, relatives of the deceased persons, have decided to institute civil suits against the colleges, claiming $10,000 damages in each case. A similar suit will be brought against the Ann Arbor Medical College. Eminent counsel have been retained, and the suits will be pressed.

The Microphone in Lithotomy.

Recent English journals give an interesting account of the use of the microphone by Sir Henry Thompson, in discovering the existence of stone in the bladder, however small the particle. Sir Henry operated on a patient, in the presence of Mr. Erichsen, Dr. Yandell (of Kentucky), Mr. M. B. Hill, Mr. Clover, Mr. B. Browne, and others. By an application of the same method to the recognition of a bullet or other foreign body, or of diseased bone at the bottom of a deep wound, the microphone may be equally valuable.

Personal.

—Dr. William Fernbach, aged thirty-four, a German physician, died last week, in New York, from an overdose of belladonna, which he had taken on the previous evening to relieve his sufferings from a severe attack of neuralgia. Dr. Fernbach was a physician in very good standing. He was a graduate of the University of Breslau, and seven years ago he was surgeon on board the steamship Hamburg, of the Brazil line.

Items.

—Excavations have begun for the foundations of the Memphis Medical College and Medical Department of the Southwestern Baptist University.

—The New York State Medical Society met at Albany on the 18th instant, and fixed the time for the next annual meeting, as required by law. The time named is the first Tuesday in February. The society then adjourned until that time.

QUERIES AND REPLIES.

Dr. J. D. V.—The most approved work on Hygiene is that of Dr. Parkes, $6.00.

A Subscriber, Miss.—On Herpin's method of using salts of zinc in Epilepsy, see Napheys' *Medical Therapeutics*, page 50.

Dr. R. B. H.—You had better address the Surgeon General, U. S. A., Washington, for particulars as to the Army Examining Boards. We may say that the examinations are very searching, and no preference is given to particular colleges.

OBITUARY.

DR. GEORGE L. SHEARER.

At a meeting of the York County, Pa., Medical Society, the following resolutions were adopted:—

Whereas, Death has invaded the ranks of our profession, and one of the oldest of its members in this county has been called the way of all the earth, it is becoming in us to show our respect for the dead and our sympathy for the living.

Dr. Shearer, who graduated at the University of Maryland in 1825, and was engaged in active practice in the same locality for upward of fifty years, died at his residence in Dillsburg, York county, on the 4th of June, in the seventy-eighth year of his age. He was well and favorably known in the county, as an exemplary man and a skillful physician; he was a man of kind heart, of generous impulses, an earnest advocate of the right, and ever ready to relieve suffering, in whatever form it came before him.

Resolved, That while we bow in humble submission to this dispensation of Divine will, in removing from our midst our late associate in medicine, and honored member of this Society, we feel that his death is sincerely mourned by the community to whom he had devoted a long and active life of usefulness, and we offer our heartfelt sympathies to the bereaved family.

Resolved, That the Secretary forward a copy of these proceedings to the family of the deceased, and also to the Medical and Surgical Reporter, in Philadelphia, and the papers in York county, with a request that they be published.

MARRIAGES.

Branisholts—French.—In Waynesboro, Pa., May 22d, by the Rev. Samuel McLanahan, Dr. F. S. Branisholts and Samantha, daughter of the late Dr. R. M. French, of Fayetteville, Pa.

Henry—Dodge.—At the residence of Mr. A. W. Allen, Charles City, Iowa, April 18th, 1878, by the Rev. J. S. Anderson, Dr. D. H. Henry, of Nashua, and Miss Gertie Dodge, of Charles City.

Plank—Roberts—On Wednesday evening, June 5th, 1878, at the residence of the bride's parents, Ebensburg, Pa., by the Rev. E. W. Brown, Dr. E. H. Plank, recently of Ebensburg, now of Christiana, Pa., and Miss R. Ella, eldest daughter of Mr. Edward Roberts.

DEATHS.

Cuthell.—At the residence of her brother-in-law, Dr. A. M. Campbell, Mount Vernon, N. Y., Sarah Maria, daughter of the late John and Sarah Cuthell, in her 37th year.

Smith.—At Newark, N. J., on June 15th, 1878, Edward D. G. Smith, M.D., son of the late L. A. Smith, M.D., of the same place.

Talcott.—On May 31st, ult., Fred. C. Talcott, M.D., son of George and Anna B. C. Talcott, aged 27 years and 10 months.

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